Manitoba Health and Healthy Living

Annual Report 2008 - 2009

Manitoba

MINISTER OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

His Honour the Honourable Philip S. Lee, C.M., O.M.
Lieutenant Governor of Manitoba
Room 235, Legislative Building
Winnipeg, Manitoba
R3C 0V8

May It Please Your Honour:

We have the privilege of presenting the Annual Report of Manitoba Health and Healthy Living and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2008/09. The reports, which are published as one document, are required under *The Department of Health Act* and *The Health Services Insurance Act* respectively.

Respectfully submitted,

Original signed by

Theresa Oswald
Minister of Health

Original signed by

Kerri Irvin-Ross
Minister of Healthy Living

Manitoba
Health and Healthy Living
Deputy Minister of Health and Healthy Living
Winnipeg MB R3C 0V8

Honourable Theresa Oswald
Minister of Health

Honourable Kerri Irvin-Ross
Minister of Healthy Living

Dear Ministers:

Major achievements of the Department for the fiscal year 2008/09 included:

I am pleased to present the Annual Report of Manitoba Health and Healthy Living and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2008/09.

Several achievements of the Department for the fiscal year 2008/09 included:

- Manitoba continues to make progress in improving patient access through the reduction of **wait lists and wait times** in priority areas. Access targets to address national benchmarks have been developed for cardiac surgery, cataract surgery, radiation therapy, and hip and knee joint replacement. The provincial patient access registry has instituted a standardized way of collecting wait time data to improve reporting and support ongoing efforts to ensure a timely and seamless journey for patients through the system.

- **Further developing our Health Human Resources** across a range of health professions through a number of recruitment and retention strategies. The 2008/09 year continued to see net gains in the number of physicians and nurses in the province. The Northern/Remote Physician Placement Initiative was established to address the retention of graduates in northern/remote settings. As of March 31, 2009, 384 rural and northern nursing vacancies were filled through the Conditional Grant Program. There has also been progress in other disciplines, such as an increase in midwifery positions (from 34.0 to 41.5) and the introduction of 18 new nurse practitioner positions (from 58 to 76).

- **Advancing Public Health** through initiatives to reduce disparities in health status and decrease preventable diseases and injuries, improving surveillance and analysis of public health threats, updating the legislative/regulatory framework required to protect the health of the public, addressing and responding to existing and emerging diseases, reviewing preparedness plans for public health emergencies, responding to environmental health issues, and working collaboratively with partners to improve data collection, information sharing, and research related to public health best practice.

- **Advancing Access** to primary health care services through the Physician Integrated Network, Manitoba Patient Access Network, and CareLink, and **Emergency Medical Services (EMS)** through an expansion and renewal of our ambulance vehicle fleet.

- **Providing Disaster Management** through intense operational support and guidance in emergencies such as the summer (2008) forest fires, spring (2009) flood, and ice storm (February 2009).

- **Continued focus on healthy living** was advanced in the department's seven priority areas of health living – active living, healthy eating, mental health promotion and substance abuse reduction, chronic disease prevention, tobacco reduction, injury prevention, and healthy sexuality. Highlights include:

Active Living:	▪ Received the 2008 Canada *in motion* Russ Kisby Physical Activity Leadership Award in recognition of excellence in physical activity leadership for Manitoba *in motion*; this initiative includes Healthy Schools *in motion*, Communities *in motion* and Workplaces *in motion*.
Healthy Eating:	▪ With various partners, promotion of the Northern Healthy Foods Initiative, the Manitoba Food Charter, A Food in Schools website, the School Fruit and Vegetable Snack pilot program, and Dial-A-Dietician service.
Mental Health Promotion and Substance Abuse Reduction:	▪ Development of a Youth Suicide Prevention Strategy with a focus on aboriginal youth; enhancement of community-based eating disorders; and improved access to addiction services in the province.
Chronic Disease Prevention:	▪ A Healthy Living guide and *Healthy Together Now* were distributed as resources; 83 communities were supported to implement Chronic Disease Prevention Initiative action plans; and over 700 health care providers were trained as part of the Regional Diabetes Program.
Tobacco Reduction:	▪ Developed a website to support the Review & Rate V teen smoking prevention program; completed a renewed strategy for tobacco control and disease prevention; continued to support Not On Tobacco, a teen smoking cessation program, and Students Working Against Tobacco.
Injury Prevention:	▪ With various partners, continued to promote such successful initiatives as the Low-Cost Bike Helmet campaign, the Personal Flotation Device Loaner Program and Community Water Safety Grant program, Falls Prevention and Vision Screening project, and Safe Play Areas on Farms grant program.
Healthy Sexuality:	▪ Continued implementation of a healthy sexuality action plan to address the needs of five priority populations.

Major improvements to infrastructure completed:

Acute Care:	▪ Concordia Hospital – Emergency Department renovations. ▪ Misericordia Health Centre – Sleep Laboratory. ▪ Seven Oaks General Hospital – Emergency Room redevelopment. ▪ Victoria General Hospital – Oncology redevelopment.
Primary Care:	▪ Winnipeg – North End Wellness Centre.
Long Term Care:	▪ Neepawa – Country Meadows – 100 bed personal care home.
Provincial Programs:	▪ Selkirk Mental Health Centre – redevelopment. ▪ Thompson – 24 bed residential care and outreach facility (Addictions Foundation of Manitoba).

Once again, I commend the numerous staff and individuals within government, across our health system, and among our intersectoral partners whose efforts contributed to these achievements in 2008/09 and each day contribute to sustaining and improving the health of Manitobans. Their dedicated service to our citizens is a source of pride and promotes confidence in our ability to make further improvements in the year ahead.

Respectfully submitted,

Original signed by

Arlene Wilgosh
Deputy Minister of Health and Healthy Living

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Preface/Introduction

Report Structure

This Annual Report is organized in accordance with Manitoba Health and Healthy Living (MHHL) appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2009. It provides information on MHHL and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to MHHL strategic direction, actual results, financial performance and variances. A five year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*. A report on any disclosures of wrongdoing, as directed under *The Public Interest Disclosure (Whistleblower Protection) Act*, has been included in Appendix IV.

Role and Mission

MHHL is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health and the Minister of Healthy Living. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

The stated Vision of MHHL is "Healthy Manitobans through an appropriate balance of prevention and care." MHHL leads the way to quality health care built with creativity, compassion, confidence, trust and respect, and plays a leadership role in promoting prevention and positive health practices.

It is the Mission of MHHL "to meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time." This Mission is accomplished by providing strategic direction and leadership to the provincial health system. This includes defining provincial goals, setting priorities, establishing standards and policies based on evidence and best practice, promoting quality and safety, encouraging innovation, allocating resources within the framework of provincial legislation, and assuring accountability while balancing health service needs with fiscal responsibility. In addition, MHHL plays a leadership role in promoting and co-ordinating strategies across departments that reflect the determinants of health, which lie outside the traditional health care system. MHHL also manages the insured benefits claims payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare and other health services. Most direct services are delivered through regional health authorities, and other health care organizations; however, the department manages the direct operations of Selkirk Mental Health Centre and Cadham Provincial Laboratory.

Report Context

MHHL administers the most complex and publicly visible social program provided by the Government. The program is delivered partially by the department and partially through grant agencies, arm's length health authorities, independent physicians, or other service providers paid through fee-for-service or alternate means. It is a complex combination of insured benefits, services provided through public institutions ranging from community-based primary care through to tertiary teaching hospitals, and publicly regulated but privately provided services such as proprietary personal care homes.

It is important to consider that many factors affect the health of Manitobans such as family history, gender, culture, education, employment, income, the environment, our coping skills and social support networks. "Health" is not merely the absence of disease. It embraces complete physical, mental and social well-being. Healthy living is about creating conditions and supporting behaviours that promote the best possible health for everyone and is a way to improve health for all Manitobans and reduce the need for health care services. It includes actions taken by individuals, families, communities, governments, businesses and other organizations that assist Manitobans to lead healthier lives. MHHL's efforts regarding healthy living activities are intended to support these actions.

Prominent system pressures such as public demands and expectations for new and expanded services, emerging technologies and pharmaceuticals remain high. In addition, advancing efforts for improving access, strengthening our public health system and addressing the implications of escalating costs are also system challenges. MHHL while ensuring effective and efficient administration as well as good budget and deficit management, continues to address these challenges and to improve the quality of the system even during times of economic constraint.

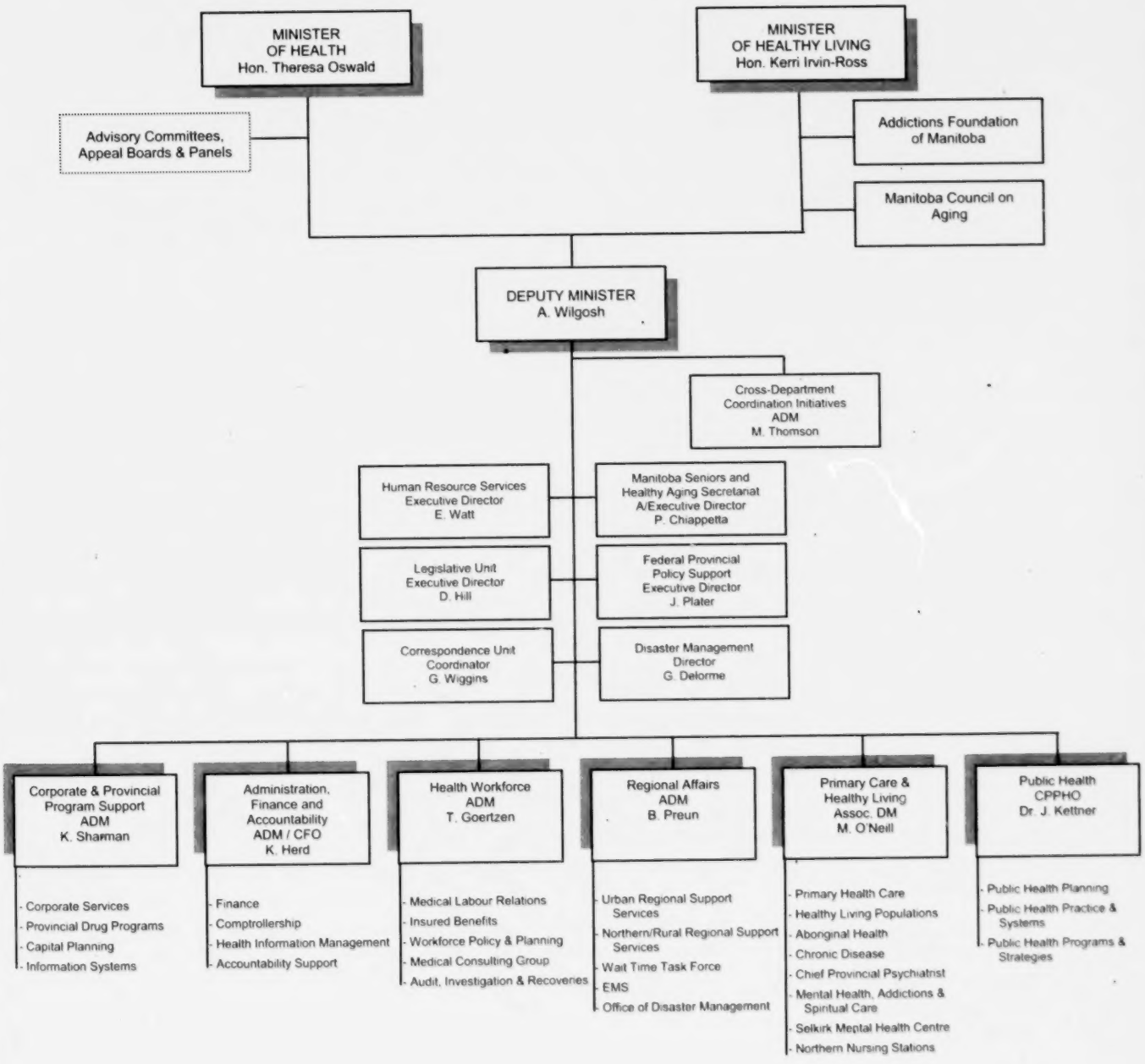
Through dynamic times, MHHL continues to address improving the quality of the health care system, focusing on healthy living, enhancing system wide performance reporting, strengthening fiscal management, and thus strengthening accountability in the system.

Organization

This annual report is organized in accordance with MHHL appropriation structure, which reflects the organization chart as of March 31, 2009.

MANITOBA HEALTH AND HEALTHY LIVING ORGANIZATION CHART

(as of March 31, 2009)



Administration, Finance and Accountability

Ministers' Salaries

The objectives were:
In accordance with the goals and strategic priorities established by the Premier and Cabinet:

- To provide leadership and policy direction for the renewal of the health system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans, with a particular emphasis on healthy living.

1(a) Ministers' Salaries

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	91	2.00	90	1	
Other Expenditures					
Total Sub-Appropriation	**91**	**2.00**	**90**	**1**	

Executive Support

Executive Support provides for the operation of the offices of the Minister of Health and the Minister of Healthy Living, and the Deputy Minister of Health and Healthy Living.

The purpose of the Executive Support is to advise the Ministers on all policy and program matters related to the department; provide executive leadership, direction, and administration of the activities of the department to meet government policy objectives; and provide administrative support for the offices of the Ministers and Deputy Minister.

The objectives were:

- To provide support to the Ministers of Health and Healthy Living in protecting, preserving and promoting the health of all Manitobans through strategic direction in management, policy development, program determination and administration.
- To lead a health system that is respected for its ability to improve health and well-being among Manitobans, and to provide quality health care in a cost effective, sustainable and equitable manner.
- To empower Manitobans through knowledge, choices and access to the best possible health resources, and concurrently build partnerships and alliances for health and healthy supportive communities.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,235	18.00	1,210	25	
Other Expenditures	201		234	(33)	
Total Sub-Appropriation	**1,436**	**18.00**	**1,444**	**(8)**	

Finance

Finance is composed of the following:

Comptrollership
Regional Financial Support and Capital Finance
Health Information Management
Accountability Support Branch

Finance is responsible for the managing of the internal financial affairs of Manitoba Health and Healthy Living (MHHL) including the Manitoba Health Services Insurance Plan and for co-ordinating administrative support services to meet departmental operating requirements.

Finance is also responsible for providing a fair and equitable distribution of available funds for regional health authorities (RHAs) and other funded agencies in accordance with government priorities, through the review, recommendation and approval of RHA Health Plan submissions, budget allocations and monitoring of financial, statistical and operational results.

Finance also provides financial support and analysis to the department overall, and provides consultation, analytical services and support to internal and external clients as it relates to existing, new and expanded programs.

Finance provides information management and statistical services in support of the programs of MHHL, RHAs, agencies, researchers and the general public. It also provides leadership and co-ordination of health research related activities including support to the Health Information Privacy Committee under *The Personal Health Information Act* (PHIA).

Finance supports effective governance and accountability processes with RHAs, other organizations and within government.

Comptrollership

The objectives were:

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and through monitoring and reporting, the effective and efficient use of those resources in accordance with government priorities.
- To ensure that financial reporting from departmental programs, regional health authorities (RHAs) and external agencies is efficient, accurate and consistent.
- To ensure an equitable personal care home rate structure, and a level of revenue that partially offsets the total cost of long term care for RHAs, through the management of the assessment and appeal process.

The expected and actual results for 2008/09 included:

1. Effective and efficient use of tangible and fiscal resources for departmental programs, RHAs and external agencies consistent with the established priorities of the department and government.
   - Based on department priorities and established guidelines and policies, MHHL was able to effectively and efficiently utilize tangible and fiscal resources of the department to provide relevant budgets to departmental programs, RHAs and external agencies.

2. Efficient and accurate preparation of annual planning and reporting documents, ex: Estimates, Quarterly Financial reports and other financial reports or documents.
   - Estimates, Estimates Supplement financials, Annual Report financials, quarterly financial reports and other financial reports or documents were prepared in accordance with Legislative requirements, Treasury Board and Senior Management requirements within established deadlines.

3. Efficient, accurate information provided to government on the fiscal status of MHHL.
   - Monthly and quarterly financial reports, the Annual Report and other financial reports or documents on the fiscal status of MHHL were prepared in a timely manner.

4. Equitable rate structure for the Residential Charge Program.
   - Through management of rate assessment, review and appeal process for all long term care clients, MHHL was able to provide an equitable rate structure for the residential charges program.

Regional Financial Support and Capital Finance

The objectives were:

- To provide support, consultation and analysis to departmental programs, RHAs and agencies to facilitate a common understanding of financial information, reporting requirements and methodologies.
- To develop and monitor processes that enable MHHL to set expectations and assess financial results of RHAs, CancerCare Manitoba, Addictions Foundation of Manitoba (AFM), and other health organizations.
- To provide support, consultation, analysis and findings to RHAs and agencies for their capital construction and equipment requirements.

The expected and actual results for 2008/09 included:

1. Facilitate efficient, accurate and consistent financial reporting to MHHL from RHAs, CancerCare Manitoba, AFM and other agencies.
   - Financial monitoring, completed financial templates and other reports regarding identification of required deliverables were received on monthly, quarterly and annual timelines as established by MHHL.

2. Facilitate efficient, accurate and consistent financial reporting to Manitoba Finance.
   - MHHL provided accurate and consistent financial reporting as required by Manitoba Finance. Financial monitoring, RHA audited financial statements and other financial reporting were provided in an efficient manner to meet Manitoba Finance reporting deadlines.

3. Financial expertise and support provided to various departmental projects and initiatives, to regional health authorities and other agencies.
   - Financial expertise and analysis was provided to various stakeholders, both internal and external.
   - Responded to ad hoc requests on a timely basis from various stakeholders.
   - Provided financial support to various committees and working groups.

4. Economical financing of both capital construction and equipment purchases.
   - Capital construction and equipment purchases were financed in the most economical way.

Health Information Management

The objectives were:

- To ensure the efficient collection of financial, statistical and clinical information from the RHAs in accordance with provincial and national reporting requirements.
- To provide data management, reporting, analysis, and interpretation of health information to inform and support the strategic functions of MHHL and the RHAs, including public accountability.
- To co-ordinate and support health research-related activities, and ensure the appropriate use of health information in accordance with privacy legislation.

The expected and actual results for 2008/09 included:

1. Data infrastructure and policies are in place to support the appropriate collection, management, use and disclosure of health information in accordance with *The Personal Health Information Act* (PHIA).

- Developed policies, processes and procedures for the use of data for health research.
- Developed policies for the development and use of Collaboration Services technologies within the department.
- Implemented data sharing agreements and researcher agreements with key organizations involved in health research.
- Developed agreements to allow for exchange of data to support program evaluation activities required for the new Human Papillomavirus vaccine program.
- Initiated the planning activities for the successful integration of the collection of Electronic Medical Record information into MHHL for use in the Physician Integrated Network initiative.

2. MHHL programs, RHAs, researchers, public organizations, and the general public have access to health care information for accountability, operational, planning, evaluation and research needs.
   - Continued development and maintenance of databases to support internal and third party information requirements, including provision of data to organizations such as the Manitoba Centre for Health Policy, Canadian Institute for Health Information and Statistics Canada.
   - Facilitated access to data and statistics by providing leadership, information/consultation, support and training within MHHL and the RHAs on a wide variety of health information matters.
   - Participated in provincial and national committees and workgroups, including providing leadership to several data quality and health indicator committees.
   - Produced health system reports including, the Annual Statistics Report, Annual Population Report, standard reports for the RHAs, weekly and monthly statistical reporting on the MHHL website.
   - Responded to ad hoc data requests from stakeholders and organizations and produced special analyses and briefings for health data and research publications.
   - Provided data and statistical support to various committees.
   - Developed detailed business requirements for the development of a Regional Health Authority Performance Indicator Project solution through extensive consultations with stakeholders.

3. Integrated co-ordinated approach by MHHL to health research activities.
   - Provided expert data and administrative support to the Health Information Privacy Committee established under PHIA.
   - Continued implementation of the bilateral agreement with the Canadian Institute for Health Information.
   - Provided ongoing co-ordination and support to the contractual relationship between MHHL and the Manitoba Centre for Health Policy, including development of the annual research agenda.
   - Reviewed research proposals to provincial and national health research funding bodies.
   - Undertook partnership activities related to health services research and research training in accordance with the Manitoba Health Research Council.

Accountability Support

The objectives were:

- To improve the accountability of the health care system by co-ordinating and facilitating the establishment of expectations that are clear, meaningful and outcome focused.
- To co-ordinate and facilitate valid and reliable reporting on results-based performance across the health system.
- To lead and facilitate evidence-informed decision making through analysis and feedback.

The expected and actual results for 2008/09 included:

1. Strengthened Health Authority Governance
   - Participated as the first province in the Community for Excellence in Health Governance.
   - Hosted a Board Orientation and Education Workshop with over 100 board directors from the health authorities and AFM participating.
   - With stakeholder engagement and consultation, revised the Board Governance and Accountability Policy, strengthening expectations of outcomes of good governance.

2. Co-ordinated Community Health Assessment Process
   - Ongoing and specific support and leadership to health authorities for completion of their third comprehensive Community Health Assessment (CHA) reports; this included a workshop on community consultation methods.

3. Evidence informed Health Planning
   - Redeveloped health plan guidelines, facilitated training and orientations for health planning/development and support of the enabling technologies to submit RHA, CancerCare Manitoba and AFM health plans. RHAs, CancerCare Manitoba, and AFM developed evidence based Health Plans with priorities and plans from CHA information specific to the population served and provincial wide considerations.

4. Efficient and effective support to the Department Estimates process
   - Facilitated executive discussions regarding system pressures resulting in more efficient use of departmental resources.
   - Strengthened justification and evidence in estimates process through ongoing training and oversight.

5. Co-ordinated approach to departmental accountability
   - Provided consultative support in the area of evaluation and feedback.
   - Continued work in the area of accountability through development of Achieving Health System Accountability 2009.
   - Provided education sessions for department management on requirements for completing program information for the Annual Report and the Supplementary Information for Legislative Review.
   - Developed and implemented mechanisms of accountability.

6. Strengthened ability to monitor accountability activities and structures and system performance
   - Monitored External Agency Grant Policy implementation.
   - Participated in a project to scope Health System Performance software capability with identification of first set of key indicators for monitoring.

7. Consistent Application of Accountability Practices
   - Completed a successful pilot of an integrated risk management process.
   - Provided feedback, review and discussion on assessment of health authorities' annual reporting.

8. Department Strategic Projects outcomes are achieved efficiently and effectively
   - Established the Project Management Office and integrated with the department's Pandemic Planning, Advanced Access, and Physician Integrated Network projects.
   - Developed project documentation for approved and operational strategic projects and ensured ongoing alignment of reporting structure for strategic projects.
   - Responded to ad hoc requests from various stakeholders on a timely basis.

1(c) Finance

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	5,245	86.23	5,464	(219)	
Other Expenditures	1,419		1,572	(153)	
Total Sub-Appropriation	**6,664**	**86.23**	**7,036**	**(372)**	

Central Services

Central Services is responsible for leadership, advice and support to the department with a focus on human resource management, legislation development, ministerial and department correspondence, Housebooks and Issue Sheets, and strategic policy advice on federal, inter-provincial, inter-jurisdictional and other issues.

Central Services is composed of the following:

Human Resources
Legislative Unit
Federal/Provincial Policy Support
Correspondence Unit

Human Resources

The objectives were:

- To provide leadership, advice and support to Manitoba Health and Healthy Living (MHHL) with a focus on human resource management.

The expected and actual results for 2008/09 included:

1. Fair and consistent human resource services provided in accordance with Civil Service Commission policies and standards.
   - Recruited 178 permanent and temporary employees to fill vacant positions.
   - Reclassified 40 positions.
   - Provided support to management in labour/management dispute hearings.
   - Provided support to management in a Workers Compensation appeal hearing.
   - Provided advice and guidance to management in resolving labour relations issues prior to formal grievances occurring, and ongoing consultation on day-to-day management/employee issues.

2. Timely and accurate pay and benefit administration provided to the department's civil service employees and Manitoba Support Service employees.
   - Processed 1898 civil service SAP events.
   - Provided data maintenance, advice and guidance to employees on pay and benefits information.
   - Provided pay and benefit support to approximately 4,850 Manitoba Support Services employees.
   - Provided pay and benefit support to approximately 1,500 MHHL employees.

3. Human resource programs that meet the current and future demographic and organizational needs of MHHL.
   - Developed learning sessions in recognition of the following:
     - National Aboriginal Day
     - International Day of the Disabled Person
     - International Day for the Elimination of Racial Discrimination
   - Held a lunch and learn session to learn about the Aboriginal Management Development Program.
   - Provided a presentation about human rights.
   - Facilitated attendance of 44 employees and management at various training programs including Valuing Diversity in the Workplace, and Aboriginal People: Building Stronger Relationships.
   - Facilitated participation for six staff to attend Queen's Leadership Training.
   - Facilitated participation for two staff in the Civil Services Women's Leadership Program.
   - Provided a placement for a participant in the Aboriginal Public Administration Program.
   - Provided support and guidance in recruitment for difficult to fill positions.

4. Integrated human resource services, including program and policy development to support the needs of MHHL, as well as the Department of Family Services and Housing.

- Provided leadership in the departments' formal recognition program for long-service employees.
- Provided leadership in the recognition of staff at milestone years of service.
- Continued to co-chair the Department Renewal Committee.
- Facilitated New Employee Orientation pilot workshop within MHHL.

Legislative Unit

The objectives were:

- To provide leadership, advice and support on the development of legislation to MHHL.

The expected and actual results for 2008/09 included:

1. Development and co-ordination of Statutes and Regulations that provide a sound legislative base for meeting the mission of the department.

   Legislative Proposals:
   - There were six health and health related statutes amended, enacted or proclaimed for the fiscal year 2008/2009 as follows (details outlined in Appendix II):
     - *The Protection for Persons in Care Amendment Act* (Bill 9) in force June 12, 2008
     - *The Optometry Amendment Act* (Bill 11) not yet proclaimed
     - *The Testing of Bodily Fluids and Disclosure Act* (Bill 18) not yet proclaimed
     - *The Personal Health Information Amendment Act* (Bill 32) not yet proclaimed
     - *The Salvation Army Grace General Hospital Incorporation Amendment Act* (Bill 33) in force April 1, 2008
     - *The Dental Hygienists Act* (Bill 5) in force April 15, 2008

   Regulatory Amendments:
   - Assisted in the development of required regulation amendments to 15 regulations under various health related legislation (see Appendix II for details).

   - *The Freedom of Information and Protection of Privacy Act* (FIPPA):
     - There were 90 responses to FIPPA requests for information.

2. Development and implementation of the department's annual legislative agenda in accordance with government processes and timelines.
   - This was met as outlined above.

3. Accurate and timely information provided to internal and external clients regarding legislation and the legislative process.
   - Accurate and timely information was provided with regard to legislation and the legislative process. Approximately 30 informational presentations on *The Personal Health Information Act*, FIPPA and *The Public Health Act* were provided to organizations and MHHL staff over the course of the year.

Federal/Provincial Policy Support

The objectives were:

- To provide leadership, advice and support to the department on federal, inter-provincial, inter-jurisdictional and other issues.

The expected and actual results for 2008/09 included:

1. Manitoba's interests and objectives are advanced in federal/provincial discussions.
   - Manitoba hosted a National Aboriginal Health Summit and a final report was distributed to all participants and stakeholders.

- Manitoba will continue to lead two subcommittees, one on Healthy Living and the second on Jordan's Principle for the Health Support Committee. This committee supports the Deputy Ministers in preparation of these items at Provincial/Territorial and Federal/Provincial/Territorial Health Ministers tables.
- The Federal/Provincial/Territorial unit provided policy support to the Terms of Reference for the Officials Working Group on Jordan's Principle and other related policy support around Aboriginal health issues.
- Manitoba continues to play a key role in facilitating necessary linkages between Health Deputy Ministers and Advanced Education Deputy Ministers to address the ongoing issue of health human resource shortages.
- Manitoba played a key role in the development of a paper on Human Resource Sustainability that was put forward by the Advisory Committee on Health Delivery and Human Resources to the Conference of Deputy Ministers in June 2008.
- The Federal/Provincial/Territorial unit hosted the informal visit of two Minnesota Senators from the United States in their request to meet with the Ministers of Health and Healthy Living, as well as the Deputy Minister of Health and Healthy Living to discuss Manitoba's health care system.
- Manitoba, as the lead Provincial/Territorial jurisdiction in advancing Healthy Living and Promotion, participated in meetings between Health Deputy Ministers, and Sport and Recreation Deputy Ministers working in liaison with the Public Health Network.
- The Federal/Provincial/Territorial unit provided ongoing support to the Primary Care and Healthy Living Division of MHHL in discussions around northern primary care.

Correspondence Unit

The expected and actual results for 2008/09 included:

1. Correspondence processes for the Ministers and the department reviewed and enhanced.
   - Various processes in the centrally coordinated correspondence system were reviewed and revised to improve efficiency and effectiveness.

2. Quality, timely information regarding correspondence and information management provided to internal and external clients.
   - Quality and timely written responses to ministerial inquiries were provided to internal and external customers.

3. Coordination and provision of Housebooks for the Ministers in requested deadline.
   - Coordinated the request for Housebook notes for assignment to department branches.
   - Produced and provided Housebooks to Ministers, political staff and Assistant Deputy Ministers.

4. Coordination of the Issues of the Day process.
   - Central coordination allowed for the most current information in a timely manner without duplication of effort.

1(d) Central Services

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,299	39.00	2,524	(225)	
Other Expenditures	380		320	60	
External Agencies	376		538	(162)	
Total Sub-Appropriation	**3,055**	**39.00**	**3,382**	**(327)**	

Corporate and Provincial Program Support

The Corporate and Provincial Program Support Division provides leadership and support to internal and external clients of Manitoba Health and Healthy Living (MHHL) with a focus on policy, planning, accountability, and support to provincial programs. The division consists of: Information Systems, Provincial Drug Programs, Drug Management Policy Unit, Corporate Services, Capital Planning, and the Manitoba Centre for Health Policy.

Administration

The objectives were:

- To provide strategic leadership and solutions in support of the objectives and priorities of MHHL with a focus on:
  - Information System Technology, including Manitoba e-Health
  - Provincial Drug Programs, including Drug Management Policy Unit
  - Capital Planning
  - Corporate Services, including Web Services, French Language Services, the Manitoba Health Appeal Board, the Mental Health Review Board, and the Protection for Persons in Care Office
- To provide policy direction and operational systems to improve the efficiency of program delivery.

The expected and actual results for 2008/09 included:

1. Strategic directions with respect to information system technology, provincially funded drug benefits, the provincial health capital program and the protection of persons in health care facilities consistent with MHHL priorities.
   - The following initiatives were supported:
     - strategic health information and communication technology objectives and initiatives
     - the review of processes in the Provincial Drug Programs, including support for a quality assurance/risk management plan
     - collaborative planning with regional health authorities regarding health care needs requiring new capital infrastructure for service delivery
     - a review of policies and processes by the Protection for Persons in Care Office.

2. Equitable and appropriate utilization of provincially funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
   - Supported a comprehensive communication strategy developed by the Drug Management Policy Unit and implemented by the Provincial Drug Programs to inform key stakeholders of program benefits and formulary updates.

3. A Capital Plan that supports MHHL population health objectives.
   - Provided oversight for infrastructure projects supporting investment in state-of-the-art medical equipment, new programs, improved facilities and enhanced community-based services.

2(a) Administration

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	219	3.00	207	12	
Other Expenditures	59		54	5	
Total Sub-Appropriation	**278**	**3.00**	**261**	**17**	

Information Systems

Information Systems is responsible for providing strategic, tactical, and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba Health and Healthy Living (MHHL). The Manitoba eHealth Provincial Program ("Manitoba eHealth") has the responsibility and mandate to provide these same services to regional health authorities (RHAs), health care facilities, health care associations, and other providers of health care services within Manitoba's health care system. Information Systems continues to provide consultative services and project co-ordination on information systems initiatives involving the department and other government agencies, while Manitoba eHealth co-ordinates and aligns federal, provincial, health sector, and inter-sector projects.

The objectives were:

- To provide or facilitate strategic information and communication technology (ICT) solutions to support the objectives and priorities of MHHL.
- To co-ordinate and align ICT projects with the priorities of MHHL.
- To provide information systems to improve the efficiency of program delivery.
- To monitor and provide advice on ICT initiatives and activity through Manitoba eHealth and in the publicly-funded health sector.

The expected and actual results for 2008/09 included:

1. Necessary data and information are accessible for department staff to achieve corporate goals and objectives.
   - The Information Systems Branch continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.

2. Department ICT initiatives are appropriately scoped, resourced and supported to achieve the identified project objectives and the overall strategic objectives of MHHL.
   - Worked with MHHL branches and programs to identify, scope and secure approval for department ICT initiatives.
   - Provided consultation and project management services to department initiatives to ensure appropriate resourcing and solution delivery.
   - Worked with Manitoba eHealth and ICT Services Manitoba to secure project implementation and delivery services as required for department initiatives.

3. Corporate systems are compliant with *The Personal Health Information Act* (PHIA) and *The Freedom of Information and Protection of Privacy Act* (FIPPA).
   - Manitoba, through Manitoba eHealth, is actively involved in Canada Health Infoway's Pan-Canadian Electronic Health Record Standards Collaboration Process. Manitoba eHealth, in partnership with other publicly funded health sector organizations represents the provincial health sector's requirements in the area of information standards and are represented on Infoway's Standards Steering Committee, Standards Advisory Committee and on the Pan-Canadian Standards Working Groups including: interoperable Electronic Health Record (iEHR), Client Registry, Provider Registry, Diagnostic Imaging – Cross Document Sharing, Clinical Terminology Integration, Lab and Public Health Surveillance.

4. Effective electronic data interchange between MHHL, Manitoba eHealth, regional health authorities, health care providers and other government departments and jurisdictions.
   - Co-ordinated and facilitated the continued management and expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.
   - Worked with ICT Services Manitoba to identify and implement improved means of securely transferring files with and between partner and stakeholder organizations.

5. Upgrades and functional changes to existing systems are completed efficiently, in priority sequence, and in accordance with business rules provided.
   - Completed and rolled out the new National Rehabilitation Reporting System (NRS). This application receives NRS cases from Winnipeg Regional Health Authority facilities, validates the information, forwards data to Canadian Institute for Health Information and uses the information internal for statistical and inter-provincial reciprocal billing purposes.
   - Completed the re-engineering of the Management Information Systems from PowerBuilder to web-based technology.
   - Completed the migration of the Hospital Inter-Provincial Reciprocal Billing System to be ICD10 compliant. This project involved all of the provinces and territories to complete this migration in nationally co-ordinated time frame.
   - Completed a number of significant projects on the Communicable Disease Control application.
   - Completed the project to migrate MHHL mid-range relational database management systems from Oracle 9i to Oracle 10g.
   - Developed and implemented a new web-based application for the Manitoba Health Appeal Board.
   - Completed major changes to the West Nile Virus Tracking application.
   - Implemented all of the changes to the Medical Claims Processing System for the new collective agreement between MHHL and Doctors Manitoba.
   - Completed a major change to the Drug Programs Information Network to receive and process the new annual income information from Canada Revenue Agency.
   - Completed the first phase of the MHHL Pandemic web-based application.
   - In conjunction with the Department of Science, Technology, Energy and Mines completed Phase 3 – Business Solution Scoping of the Medical Claims Processing System replacement project.

6. Manitoba eHealth ICT solutions and operations support the strategic objectives of MHHL, the regional health authorities and the publicly funded health sector.
   - Worked with Manitoba eHealth to appropriately define strategic health ICT objectives and initiatives.
   - Facilitated participation and input into the planning of Manitoba eHealth – led initiatives to ensure the inclusion of MHHL needs and requirements.
   - Monitored the progress of major Manitoba eHealth initiatives through monthly status reporting and participation on project steering committees.

2(b) Information Systems

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	3,989	61.90	4,153	(164)	
Other Expenditures	718		954	(236)	
Provincial Program Support Cost	4,709		4,778	(69)	
External Agencies	-		65	(65)	
Total Sub-Appropriation	**9,416**	**61.90**	**9,950**	**(534)**	

Provincial Drug Programs

Provincial Drug Programs is responsible for the administration of four distinct and separate drug benefit programs for Manitobans: Manitoba Pharmacare, Employment and Income Assistance participants, residents of personal care homes, and the Palliative Care Drug Access Program. It also administers a program that provides funding assistance for devices to help Manitobans with physical disabilities. Provincial Drug Programs does not include drug expenditures for hospital and personal care home in-patients.

The Professional Services Unit is responsible for:

- The professional leadership and support for the Manitoba Drug Standards and Therapeutics Committee; a committee of physicians and pharmacists that makes recommendations to the Minister of Health on drugs to be listed in the Manitoba Formulary.
- Participation in the Common Drug Review that provides expert advice on drugs to participating provincial, territorial and federal drug plans based on rigorous, objective reviews of clinical and cost effectiveness.
- Analysis and monitoring of the Drug Programs Information Network data.
- Professional direction and support for the Exception Drug Status Office that provides approval on an individual basis for drugs that have designated criteria established.

The Operations Unit is responsible for:

- Customer focused service to provide current information to the public either by phone, in person, fax, internet or mail.
- Providing helpdesk support and troubleshooting to Manitoba pharmacy providers with their claims adjudications and processing by phone.
- Processing applications to the Pharmacare Program.
- Continuous evaluation of work processes to improve effectiveness and efficiency of the program.

The objectives were:

- To administer drug programs that provide access to Insured Benefits for all Manitobans as prescribed by *The Health Services Insurance Act*, *The Prescription Drugs Cost Assistance Act*, and *The Pharmaceutical Act*.
- To provide funding assistance for devices for persons of all ages who have physical disabilities and require devices to improve their ability to function, as prescribed under *The Health Services Insurance Act*.
- To lead drug evaluation initiatives and formulary management with the listing of cost effective eligible pharmaceutical benefits.
- To engage health care professionals in appropriate utilization of pharmaceuticals and to inform the public regarding available drug benefits.

The expected and actual results for 2008/09 included:

1. Consistent customer focused service provision.
   - Consistent customer focused service is provided in the following ways:
     - The resolution of 85,000 public requests for service and 110,000 pharmacist requests for service by the helpdesk customer service representatives.
     - The processing of 210,721 Pharmacare applications and benefits to 85,057 families.
     - The processing of 55,426 ancillary programs device claims to afford benefits for 37,879 individuals.

2. Continuous evaluation of work processes to improve administrative effectiveness and efficiency..
   - Implementation of a revised process to transfer income information from the Canada Revenue Agency from a tape exchange to an electronic file transfer process for the 2009/10 benefit year; this will reduce timelines for data exchange by eight weeks and provide administrative efficiencies.
   - Implementation of a revised reversal policy that eliminates the need for the processing of 100,000 manual reversal claims annually.

3. A streamlined drug review process to ensure ongoing access to cost effective medications.
   - The continued support for the Common Drug Review and the Joint Oncology Drug Review, a national process for the evidence based review of new chemical entities and oncology drugs, is reflected in the listing of new drugs on the Manitoba Formulary.
   - The implementation of revised generic submission requirements ensures generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.

- Accountability measures for budget projections, appropriate utilization and health outcomes are established through the signing of Utilization Management Agreements with manufacturers before a new drug is listed on the Manitoba Formulary.

4. Effective communications with prescribers, pharmacy providers and the public.
   - Implementation of a communication strategy informs key stakeholders of updated information, including program benefits and formulary updates through leveraging existing resources such as newsletters and updates to websites and web-based systems.

2(c) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,052	44.00	2,376	(324)	
Other Expenditures	498		537	(39)	
Total Sub-Appropriation	**2,550**	**44.00**	**2,913**	**(363)**	

Corporate Services

The Corporate Services Branch through its designated units, promotes compliance to *The Protection for Persons in Care Act*, provides French language services for internal and external clients, manages communication through the Manitoba Health and Healthy Living (MHHL) internal and external websites, and provides mechanisms for health care appeals. Corporate Services includes the following units: The Protection for Persons in Care Office (PPCO), Web Services, French Language Services, and provides administrative and financial support for the Manitoba Health Appeal Board and the Mental Health Review Board.

The objectives were:

- To develop, administer and maintain MHHL public websites and internal intranet site.
- To respond to and assist in the prevention of the abuse of patients in health care facilities under the legislative requirements of *The Protection for Persons in Care Act*, through effective assessment, intervention, prevention, and educational awareness strategies, in collaboration with internal and external stakeholders.
- To provide a consultative, advisory and administrative link among the Addictions Foundation of Manitoba, regional health authorities (RHAs), Regional Health Authorities of Manitoba, external agencies funded by MHHL and the public, in matters relating to French Language Services.
- To administer an appeal process for the public regarding decisions made under *The Health Services Insurance Act*, *The Emergency Medical Response and Stretcher Transportation Act*, *The Mental Health Act*, the Hepatitis C Assistance Program and the Home Care Program.
- To provide and administer an appeal process for the admission or treatment of a patient in a psychiatric facility.

The expected and actual results for 2008/09 included:

1. MHHL public websites and internal intranet site are further developed.
   - Contents of MHHL websites were revised and converted to the new Government of Manitoba web templates.
   - A website was developed in support of Review & Rate V teen smoking prevention program.
   - Websites were developed for eNews support for Healthy Schools, Environmental Health and Mental Health provincial campaigns.
   - The Public Health Division's website was redeveloped with emphasis on Lyme disease, West Nile virus, and Listeriosis public awareness information.
   - A new website was developed for Phase 2 of the Physician Integrated Network.

2. Positive feedback received from internal and external clients regarding accessibility to and nature of web information.
   - Positive comments and suggestions were received from internal stakeholders regarding improvements to site design and navigability of revamped MHHL web pages.
   - Public interest increased in MHHL web content, as evidenced by 3,754,266 page views - an 18.5% increase over the previous fiscal year.

3. Improved reporting of alleged patient abuse from health care facilities to the Protection for Persons in Care Office.
   - The PPCO received 1,375 alleged abuse reports, a slight decrease from 1,460 alleged abuse reports received in 2007/08. However, the number of alleged abuse reports over the past three years has remained relatively constant.
   - The annual statistical report for PPCO was published on the internet.

4. Efficient and effective inquiry/investigation by the Protection for Persons in Care Office of allegations of inpatient abuse occurring in health care facilities.
   - Reviewed and closed 55% of inquiries that did not go to investigation within three business days of receiving the report; 96% of inquiries were reviewed and closed within one month.
   - Over 76% of investigations were completed within the target of 30 days of the investigation start date.
   - Investigation processes were revised to improve communication with stakeholders before and after investigation.
   - The intake process was revised to improve information gathered during intake.

5. Improved awareness of staff in health care facilities and of the general public of how to identify and prevent inpatient abuse.
   - Held 81 educational sessions (1,200 participants) for both health facility staff and the general public, which focused on abuse prevention, identification, *The Protection for Persons in Care Act*, and the operation of the PPCO.
   - Session evaluations indicated that 99% of respondents rated the sessions as Excellent, Very Good or Good, and 98% of respondents indicated that significant learning had occurred from the topics discussed.

6. Protection for Persons in Care Office policies and processes are reviewed/revised to enhance accountability and risk management practices.
   - All policies and processes were reviewed beginning in 2007/08 and were completed in 2008/09 as part of the PPCO's continuous quality improvement process.
   - Revised 45 policies and initiated 3 new policies.

7. French Language Services provided through MHHL is accessible and provided in a timely and satisfactory manner to the French-speaking public of Manitoba.
   - French Language Services offered by MHHL to the French-speaking population of Manitoba, remained 100% complaint-free in 2008/09.
   - All new material posted to the MHHL websites was made available in both official languages.
   - Over 950 pages of material were translated and made accessible to the public.
   - All translation requests for internal clients were processed within the standard timeframe.
   - The Translation of Internet Content Policy was revised to reflect improved processes for placing translated material on MHHL public facing websites.

8. Manitoba Health Appeal Board and the Mental Health Review Board hearings are held and independent decisions rendered in a timely manner.

   Manitoba Health Appeal Board
   - The Manitoba Health Appeal Board held fair and independent hearings and made impartial decisions that were provided in writing to the parties in a timely manner for:
     - 132 Authorized Charge appeals

- 31 Insured Benefit Appeals
- 1 Hepatitis C appeal
- 7 Home Care appeals
- 1 Other (re Laboratory Licence)

Mental Health Review Board

- The Mental Health Review Board processed 196 applications for appeal hearings as compared to 208 in 2007/08, of which 147 did not proceed to an appeal hearing for various reasons.
- Timely, fair, and impartial adjudication was provided for 49 appeal hearings as compared to 50 appeal hearings in 2007/08. Rationale for decisions is mandatory and was provided to all parties for each hearing. Applicants had the opportunity to be represented by legal counsel or the Rights Consultant of the Canadian Mental Health Association.
- The Mental Health Review Board adjudicated and rendered independent decisions on appeals as specified in *The Mental Health Act*, according to the 21 day Regulation and the Board's procedures and policies. The Board provided uniform application of the legislation in keeping with the principles of natural justice.

2(d) Corporate Services

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,189	19.00	1,207	(18)	
Other Expenditures	697		751	(54)	
Total Sub-Appropriation	**1,886**	**19.00**	**1,958**	**(72)**	

Capital Planning

Capital Planning provides for the planning and management of the construction and capital financing of hospitals, personal care homes and other health facilities.

The objectives were:

- To oversee development and implementation of the provincial health capital program, and advise government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The expected and actual results for 2008/09 included:

1. A capital plan that supports the department's population health objectives.
   - Oversaw infrastructure projects that supported investment in state-of-the-art medical equipment, the development of new programs, improved facilities and enhanced community-based services.
   - Construction of new acute and primary health care facilities.
   - New infrastructure to support programs such as cancer and dialysis.
   - Ongoing review and analysis of the capital sections of the regional health plans.

2. Health capital projects which are scoped and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
   - Continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs.
   - Continued incorporation of the Power Smart Standards, to the greatest extent possible, for new construction and renovation projects.
   - Implementing the Green Building Policy for Government of Manitoba funded projects requiring all new capital projects to be built to a minimum LEED® (Leadership in Energy and Environmental Design) Silver rating or as close to a LEED® certified standard wherever practical.
   - The following projects have been completed, are registered with the Canadian Green Building Council (CaGBC), and are targeting a level of LEED® Silver but have not as yet been certified:

- Seven Oaks General Hospital, Emergency Room Development – when certified by CaGBC, this project will represent the first government funded health facility to achieve LEED® for Commercial Interiors (LEED®-CI).
- Neepawa Personal Care Home - when certified by CaGBC, this project will represent the first government funded health facility to achieve LEED® for New Construction (LEED®-NC).
- Thompson Residential Care and Outreach Facility – (LEED®-NC).

- The following projects are either in construction or are expected to proceed to construction shortly and are registered with CaGBC:
  - Aboriginal Personal Care Home – construction is scheduled to start fall 2009 (LEED®-NC).
  - Victoria General Hospital, Emergency Department and Oncology Redevelopment - (LEED®-CI).
  - St. Boniface General Hospital, Cardiac Centre - (LEED®-CI).
  - Brandon – Westman Regional Laboratory Redevelopment - (LEED®-CI).

3. Transparent and equitable application of policies related to business practices, construction, department funding and community cost-sharing.
   - Ongoing function of the Branch in relation to all projects.

4. Efficient and accurate information on the capital program, forecasting in the areas of infrastructure maintenance requirements and emerging program models, and development of appropriate program and policy options.
   - Supported ongoing collaborative planning with regional health authorities (RHAs) to prioritize current and future safety and maintenance requirements.

5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
   - Collaborated with the RHAs to identify new and emerging health care needs requiring new capital infrastructure to deliver services.
   - Continued to deliver a stable and appropriate number of safety, maintenance and repair projects.
   - Developed new facilities in support of new service delivery models and innovative services such as new community-based clinical diagnostics, treatment services and community-based surgical initiatives.

Capital Projects Completed
During the 2008/09 fiscal year, 8 projects were completed including:

Acute Care:
- Winnipeg RHA - Concordia General Hospital, Emergency Department Renovations: This 2,700 square foot expansion and renovation of existing space includes a new entrance and expanded waiting areas, new triage area with private spaces for registration, a private family room, an enlarged nurse station/charting area, renovation of existing treatment areas and the provision of a secure room.
- Winnipeg RHA - Misericordia Health Centre, Sleep Laboratory: This project located at Misericordia Health Centre consolidates locations at St. Boniface General Hospital and Health Sciences Centre into one 8,000 square foot facility. It provides accommodation for 10 sleep rooms, a monitoring area with 5 work stations, exam rooms and offices, clinical and administrative staff and incorporates bariatric standards.
- Winnipeg RHA - Seven Oaks General Hospital, Emergency Room Redevelopment: This project upgrades and expands the Seven Oaks General Hospital emergency department and increases emergency room space by almost 50 percent.
- Winnipeg RHA - Victoria General Hospital, Oncology Redevelopment: This project was Phase 1 of the Victoria General Hospital Redevelopment and includes Foundation offices and the main entrance renovation.

Primary Care:

- Winnipeg RHA - North End Wellness Centre – Primary Health Care Office: Development of approximately 3,200 square feet of primary health care leased office space at the North End Wellness Centre, 365 McGregor Street.

Long Term Care:

- Assiniboine RHA - Neepawa Personal Care Home, Country Meadows: New 100-bed energy efficient personal care home replaces the former East-View Lodge.

Provincial Programs:

- Selkirk Mental Health Centre – Redevelopment: the new facility named the Tyndall Building provides a ground level building with a 30-bed acquired brain injury unit, a 75-bed geriatric mental health unit, living space, quiet lounge, kitchen area, access to an outdoor courtyard for each unit, and space for rehabilitation therapy.
- Burntwood RHA - Thompson Residential Care and Outreach Facility (Addictions Foundations of Manitoba): A new 18,000 square foot 24 bed residential addictions treatment facility which has replaced an outdated existing facility.

Capital Projects Under Construction
During the 2008/09 fiscal year, the following projects went into or continued construction:

Acute Care:

- Winnipeg RHA - St. Boniface General Hospital, Cardiac Centre: Development of approximately 41,000 square feet of new and renovated space will provide a centre of excellence for heart surgery and cardiac care in Manitoba. The expansion will increase the number of cardiac beds by 15 and will include an expanded 32-bed cardiac in-patient unit, a dedicated 15-bed cardiac intensive-care unit that includes an isolation/protection bed, a new six bed chest-pain evaluation unit within the emergency department, and development of a satellite pharmacy department to serve the cardiac unit.
- RHA Central - Portage District General Hospital: This project includes 9,200 square feet of new and renovated space for expanded emergency department and ambulance facilities, including four additional treatment spaces, improved triage area, improved infection control, enhanced privacy and a new double ambulance bay.

Provincial Programs:

- Selkirk: New five bed free-standing transitional community residence for persons with acquired brain injuries.

Safety and Security:

- In addition to the major projects completed and initiated, 184 Safety and Security/maintenance projects were approved throughout the province. Examples include Emergency Medical Services stations and the Grace Hospital tower project.

2(e) Capital Planning

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	599	11.00	818	(219)	
Other Expenditures	140		208	(68)	
Total Sub-Appropriation	**739**	**11.00**	**1,026**	**(287)**	

Drug Management Policy Unit

The Drug Management Policy Unit was established to provide prospective, integrated and long-term strategic policy and planning capacity on emerging drug management and utilization issues.

The objectives were:

- To sustain provincial drug management expertise and strategic policy and planning leadership to facilitate the provision of integrated, co-ordinated, cost efficient and effective, equitable, and sustainable publicly funded drug benefits across the continuum of care in Manitoba.

The expected and actual results for 2008/09 included:

1. Ongoing development and implementation of integrated, evidence-based drug use management policies and initiatives to facilitate appropriate utilization for prescription drug benefits and ensure sustainable and equitable publicly funded drug benefits.
   - Developed, advanced, and gained industry-wide acceptance and support for Utilization Management Agreements as a requirement for listing, to manage promotion and appropriate prescribing, measure health outcomes, and facilitate the utilization of the most cost-effective products.
   - Introduced new generic product submission criteria to obtain generic drug pricing that is equitable with that in other jurisdictions.
   - Developed pharmacy claims reversal policy improvements to increase drug supply chain efficiencies.
   - Advanced the development of a quality assurance/risk management plan to evaluate risk and ensure that service delivery is consistent with legislation and regulatory requirements.

2. Strong collaborative relationships with external stakeholders in the development of drug management policy and implementation of initiatives.
   - Chaired the National Prescription Drug Utilization Information System Advisory Group.
   - Co-led the Provincial/Territorial Oncology Collaboration to establish the Joint Oncology Drug Review, a national interim process for the evaluation of cancer drugs to help ensure a more timely, effective and efficient review process.
   - Participated in the Patent Medicines Review Board regulatory framework development.
   - Established a forum for dialogue with the Manitoba Society of Pharmacists through a quarterly meeting schedule.

3. Enhanced communication among the department and the health care community and the key stakeholders in the pharmaceutical sector.
   - Developed a comprehensive and cost-effective communication strategy to inform key stakeholders of updated information, including program benefits and formulary updates. The communication strategy includes regularly scheduled communications to health professionals, patients and pharmacy service providers.
   - In partnership with the Department of Science, Technology, Energy and Mines, continued the activities of the Pharmaceutical Liaison Committee to facilitate ongoing dialogue between government and pharmaceutical/industry stakeholders (brand, generic and biotechnology sectors and various industry stakeholders).
   - Enhanced industry/stakeholder relations through consultations and technical briefings with pharmaceutical/industry stakeholders, including manufacturers, wholesalers, consultants and pharmacy providers.

2(f) Drug Management Policy Unit

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	401	6.00	482	(81)	
Other Expenditures	157		183	(26)	
External Agencies	93		93	-	
Total Sub-Appropriation	**651**	**6.00**	**758**	**(107)**	

Manitoba Centre for Health Policy

Provides funding to the Manitoba Centre for Health Policy for population health studies.

The objectives were:

- To provide funding for policy evaluation and research initiatives.

The expected and actual results for 2008/09 included:

1. Five major studies for Manitoba Health and Healthy Living that provide an analysis and assessment of priority health issues in Manitoba.
   - Assess the Value of the Manitoba Housing Data
   - Exploring the ICU datasets: A first look
   - Manitoba Immunization Study
   - Pharmaceutical Use in Manitoba: Opportunities to Optimize Use
   - Early Childhood Development Instrument (EDI)

   The reports arising from the deliverables are expected to be completed after fiscal year 2008/09.

2(g) Manitoba Centre for Health Policy

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	-	-	-	-	
Other Expenditures	2,100		2,100	-	
Total Sub-Appropriation	**2,100**		**2,100**	**-**	

Health Workforce

Insured Benefits

Insured Benefits administers and ensures compliance with the Acts and Regulations for the Medical Program, Inter-Provincial Reciprocal Agreements, the Hospital Abstract Program, Out-of-Province Benefits, Audit and Investigations, the Third Party Liability Program and the Transportation Subsidy Program.

The objectives were:

- To provide policy direction and leadership to the Health Workforce Division in the development and delivery of insured health services, health labour relations negotiations and funding arrangements, and workforce policy and planning.
- To provide provincial leadership in the development of key strategic policy and program frameworks, and administer programs that provide access to insured benefits under the Medical Program, Registration and Client Services, Family Doctor Connection Program, Eligibility and Portability

Agreement, Inter-Provincial Reciprocal Agreements, Registry Exchange, Hospital Abstract Program, Out-of-Province Benefits Inter-Provincial Hospital, and Medical Programs and the Transportation Subsidy Program, within legislative parameters.

The expected and actual results for 2008/09 included:

1. A sustainable health system in Manitoba in accordance with legislative requirements.

Registration and Client Services

- Visits to the Client Services counter decreased from 230,344 in 2007/08 to 42,646 in 2008/09. Client Services handled 128,725 telephone enquiries.
- Issued 277,492 Manitoba Health Registration Cards and processed 78,677 address changes.
- Issued 16,737 new Registration Numbers in Manitoba with 38,235 new certificates issued to 18-year olds receiving their own individual registration numbers in addition to 45,400 status changes (ex: newborns, marriages, separations and deaths).

Medical Claims

- Received and processed 19,248,559 physician services, 195,374 optometric services, 936,171 chiropractic services, 2,541 oral surgery services and 39,102 registered nurse extended practice services.
- Processed 289,738 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Interprovincial Reciprocal Agreement.

Out of Province Claims

- Adjudicated 1,242 requests from Manitoba specialists for coverage of services outside of Manitoba.
- Provided $1.3 million in travel subsidies to 674 patients for 896 international and domestic trips. Adjudicated 7,296 physician claims, 3,044 out-patient visits and 2,394 in-patient days for emergency care outside of Canada. The increase from previous years in physician claims paid for emergency care outside of Canada is due to the fact that third party insurance company claims submissions have increased, including one new third party biller coming on board.
- Paid $9.7 million to other provinces and territories for physicians' fees and $38.6 million for hospitals services on behalf of Manitoba residents who received care elsewhere in Canada.
- Recoveries received by Manitoba Health as a result of billings to other provinces and territories for care provided to their residents totaled $13 million for physicians' fees and $56.5 million for hospital services.
- Represented Manitoba Health in 24 hearings of the Manitoba Health Appeal Board.

2. Customer focused service, through programs that provide access to insured benefits.
   - Customers who mailed in applications waited approximately two weeks to receive Manitoba Health Registration Certificates.
   - Registration and Client Services achieved a time frame of 10 to 15 minutes in assisting clients attending the office in person.

3. Manitobans who are informed of, and receive, benefits to which they are entitled.
   - The Family Doctor Connection Program handled 28,646 enquiries.

3(a) Insured Benefits

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	5,177	112.29	5,618	(441)	
Other Expenditures	2,238		2,050	188	
Total Sub-Appropriation	**7,415**	**112.29**	**7,668**	**(253)**	

Medical Labour Relations

Medical Labour Relations represents Manitoba Health and Healthy Living (MHHL) in negotiating agreements with physicians, oral/dental and maxillofacial surgeons, chiropractors and optometrists and in remunerating these professionals in accordance with provincial regulations, policies and agreements.

The activities undertaken within the Branch provide for the planning, development and implementation of strategic policies for physician resources, recruitment support and medical profession regulation.

The objectives were:

- To represent MHHL in negotiations/arbitration concerning fee-for-service and alternate remuneration for medical and medical related health practitioners.
- To develop appropriate alternate funding arrangements with medical professionals and organizations within the health authority structure.
- To administer both fee-for-service and alternate funded agreements/arrangements.

The expected and actual results for 2008/09 included:

1. A comprehensive compensation agreement for both fee-for-service and alternate funded physicians.
   - Implementation and ongoing administration of the approximately 6,000 fee-for-service tariffs and in excess of 65 alternate funding agreements contained in the June 27, 2005 Master Agreement between MHHL and Doctors Manitoba, pending negotiation of a new Master Agreement.
   - Completion of negotiations for a new Master Agreement, including approximately 6,000 tariffs and in excess of 65 alternate funding agreements, between MHHL and Doctors Manitoba on August 15, 2008 that remunerates for medical related services provided by fee-for-service and alternately funded physicians.
   - As part of the new Master Agreement, a new Tripartite Agreement was also negotiated. The Tripartite Agreement sets out a formal process by which MHHL, Doctors Manitoba and the stakeholders (regional health authorities, University of Manitoba and Diagnostic Services Manitoba) will work in partnership to develop strategies to address certain pressing health care matters and/or initiatives.

2. Renewal of agreements with other medical related health practitioner groups, as they expire.
   - Completion of negotiations for a new Private Laboratories Agreement between MHHL and Doctors Manitoba on August 15, 2008 that remunerates for services provided by private medical and diagnostic laboratories.
   - Completion of negotiations on February 17, 2009 between MHHL and the Manitoba Dental Association for a new agreement to provide compensation for insured dental services.
   - Completion of negotiations between MHHL and Northern Medical Unit (NMU) for a new service purchase agreement in respect of the continuation of the Manitoba Locum Tenens Program.
   - Negotiation of a new service agreement with NMU to compensate for health services provided by NMU physicians.
   - Ongoing administration of the agreement signed between MHHL, CancerCare Manitoba, the Winnipeg Regional Health Authority and the University of Manitoba on December 4, 2007, pending completion of negotiations of a new agreement.
   - Ongoing administration of Insured Optometric Services Agreement signed November 17, 2005, pending completion of negotiations of a new agreement.
   - Ongoing administration of other agreements including Manitoba Locum Tenens Program agreement, the Surgical Facility Contract with Western Surgery Centre Inc., and the Medical Services Agreement with Amdocs Inc., pending completion of negotiations of new agreements.
   - Ongoing administration of the Manitoba Chiropractic Services Agreement signed January 29, 2007.

3. Clearly defined mandates and organizational goals for Medical Labour Relations.
   - Mandate was established to negotiate a new Master Agreement between MHHL and Doctors Manitoba that provides remuneration for services provided by fee-for-service and alternately funded physicians.

- Mandate was established to negotiate a new Private Laboratories Agreement between MHHL and Doctors Manitoba that provides remuneration for services provided by private diagnostic laboratories.
- Mandate was established to negotiate a new agreement between MHHL and the Manitoba Association of Optometrists for a new Insured Optometric Services Agreement.
- Mandate was established to negotiate a new agreement between MHHL and CancerCare Manitoba to compensate specialist physicians at CancerCare Manitoba.
- Mandate was established to negotiate a new agreement between MHHL and Manitoba Dental Association for a new Insured Dental Services Agreement.

4. An efficient and effective information network to support Medical Labour Relations in its decision making.
   - Ongoing participation in the Health Cross Jurisdictional Database.
   - Ongoing participation with the Canadian Institute for Health Information.
   - Regular meetings with the regional health authorities, as well as other stakeholder groups and agencies.
   - Liaison with the Health Information Management and Information Systems Branches regarding collection and analyses of physician compensation data.

3(b) Medical Labour Relations

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,012	12.00	1,078 *	(66)	
Other Expenditures	942		1,032 *	(90)	
External Agencies	524		946	(422)	
Total Sub-Appropriation	**2,478**	**12.00**	**3,056**	**(578)**	

* includes enabling appropriation for Wait List Initiatives

Workforce Policy and Planning

The objectives were:

- To develop policies and strategies to support the availability of appropriate healthcare professionals and workers (physicians, nurses, and allied health professionals) to deliver healthcare services in Manitoba, including recruitment/retention strategies.
- To review, assess and advise on collective bargaining issues relating to the nursing, professional/technical and paramedical, maintenance and trades, and support sectors.

The expected and actual results for 2008/09 included:

1. Evaluation of recruitment/retention strategies for nurses, physicians, and allied health professionals, and improved recruitment and retention of physicians, nurses and other health care providers.

   PHYSICIAN
   - The Physician Resource Coordination Office (PRCO), through its formalized network of health care system stakeholders, now regularly reviews current approaches to recruitment and retention, identifies gaps and facilitates solutions to these gaps.
   - The PRCO is also in a direct co-ordination role of regional recruitment efforts, which has led to improved co-ordination/transparency of the efforts towards recruitment and retention of physicians.
   - The College of Physicians and Surgeons Annual Report notes an increase in the number of physicians in Manitoba (2,272 in 2007 increased to 2,325 in 2008), demonstrating an improvement in the recruitment of physicians.

NURSES

- There were 16,126 active practicing nurses in Manitoba in 2008, according to registration data received from the College of Registered Nurses of Manitoba, College of Registered Psychiatric Nurses of Manitoba and College of Licensed Practical Nurses of Manitoba. This is a net gain of 245 more nurses than 2007, and 2,034 more than in 1999.
- The recruitment and retention strategies for nurses such as relocation assistance, attendance at local and national career fairs, and advertising in nursing magazines is administered by the Nurses Recruitment and Retention Fund (NRRF). As of March 31, 2009, the NRRF has provided Relocation Assistance to a total of 1,091 individuals who have moved to Manitoba to work as nurses.
- Recruitment and retention is expected to improve through support in the development of strategies for monetary and non-monetary proposals for mandate approval by Central Government that supports negotiations of collective agreements. New wage rates, in the collective agreement recently negotiated with the Manitoba Nurses Union (approximately 14,400), retained competitiveness criteria.

ALLIED HEALTH

- Diagnostic Services Manitoba selects applicants annually from both Medical Radiologic Technology and Medical Laboratory Technology programs for the educational sponsorship initiative. They will receive $4,250 in their first year and an additional $4,250 in the second year. The selected individuals are expected to provide a return-of-service in rural Manitoba. Eight of the 10 graduates from summer 2008 secured employment in rural Manitoba.
- Recruitment and retention is expected to improve through support in the development of strategies for monetary and non-monetary proposals for mandate approval by Central Government that supports negotiations of collective agreements. Negotiations for a new collective agreement, with unions in the Support/Facility Sector (nine unions and approximately 19,000 employees), have successfully concluded for eight of nine unions in 2009. New wage rates retained internal settlement comparison criteria.

2. Accessible training programs for health professionals, and improved retention of new Manitoba graduates in Manitoba healthcare settings.

PHYSICIANS

- The PRCO continues to work with stakeholders, including the University of Manitoba, Faculty of Medicine, to identify gaps and implement improvements leading to increased accessibility to training programs; the most recent example is the Physician Assistant Training Program.
- The Northern/Remote Physician Placement Initiative, established in 2008 and expected to increase capacity in 2009, will directly address the retention of graduates in northern/remote settings. Students are expected to return two years of service in exchange for a placement in a specialty program at the University of Manitoba, Faculty of Medicine.
- The implementation of increased grants available to third year medical students, in exchange for return of service in Manitoba, is expected to result in improved retention. The grants have increased from 10 at $15,000 each to 15 at $25,000 each.

NURSES

- The Conditional Grant Program provided over $1.0 million to retain Manitoba nursing graduates to work in rural and northern regional health authorities (RHAs). As of March 31, 2009, 384 rural and northern vacancies have been filled through the Conditional Grant Program.
- In 2008/09, the NRRF allocated more than $9.7 million to the RHAs to support ongoing education for nurses. The NRRF also allocated "one-time" funding of more than $3.5 million to support a range of specialty nursing programs and projects within the province.
- The NRRF provided a $2,000 grant to 21 internationally educated nurses to assist them with the costs associated with taking the registered nurse bridging program at Red River College.

ALLIED HEALTH

- The department agreed to provide funding for two seats in the two-year Prosthetics and Orthotics training program at British Columbia Institute of Technology starting in 2008/09. Funding available through the Diagnostic Medical Equipment Fund, included seat and laboratory costs for a total of $86,232 for two students over two years. In December 2008, one student discontinued studies due to difficulty with the course material. The second student will be reimbursed tuition costs on the condition that the student returns to work in Manitoba upon graduation.
- An updated agreement, effective July 1, 2007 to June 30, 2010, was finalized for three students annually in the Nuclear Medicine Technologist training program at the Southern Alberta Institute of Technology. Funding consists of $21,464.00 per student per year. Students sign return-of-service agreements in order to ensure employment in Manitoba following completion of the training program. Three new students began the program in fall 2008 with two from Winnipeg and one from Brandon; however, one of the Winnipeg students has since withdrawn from the program. Since the 2004/05 intake, only one graduate has left the province; all other graduates have returned to work in Manitoba.
- The department changed the previous post-employment training model for the Medical Radiologic Technology and Medical Laboratory Technology program to a pre-employment model, for the three year period from 2007/08 up to and including 2009/10. The department is fully funding the annual costs of the program ($117,968.00 for 2007/08, $135,130 for 2008/09, and $152,654 for 2009/10) and included six students in 2008/09.
- Manitoba Health and Healthy Living provided $34,333 from the Diagnostic Medical Equipment Fund to the Ultrasound training program at the Health Sciences Centre to increase enrollment by three seats (10 to 13) for fall 2008.

3. Improved co-ordination of health care provider supply with employer needs.

PHYSICIANS

- Created structures that promote regular, frequent and inclusive communication between the PRCO; RHAs; the Office of Rural and Northern Health; the University of Manitoba, Faculty of Medicine; the College of Physicians and Surgeons of Manitoba; and other community stakeholders.
- The PRCO continues to work through this network to identify further efforts in order to effectively target physician recruitment and retention.
- Identified challenges and co-ordinated solutions aligned to regional needs, leading to improved transparency in stakeholder processes.
- Facilitated identifying gaps leading to improvements in foreign medical graduate licensure processes.
- Directed co-ordination of regional recruitment efforts.

NURSES

- The Personal Care Home (PCH) Grant began January 1, 2008 as a strategy to encourage nurses to work in long term care and assist the RHAs with meeting the new standard of 3.6 hours of care per resident. Since the inception of the PCH Grant, 57 vacancies in PCHs have been filled as of March 31, 2009.
- The Workforce Policy and Planning Branch with Manitoba Labour and Immigration led a nurse recruitment mission to the Philippines in November 2008. A total of 131 nurses were presented with conditional offers of employment by the four participating RHAs (Assiniboine, Brandon, Central and Parkland). These nurses will begin working in Manitoba in 2009.
- The involvement of the Workforce Policy and Planning Branch in the Philippines mission is consistent with a recommendation from the 2008 RHA review. The recommendation was to expand the model of the Physician Resource Coordination Office by working with key stakeholders on processes to increase the supply of nurses and allied health professionals in Manitoba.

ALLIED HEALTH

- Four students from the Magnetic Resonance Imaging Technology program, who graduated in the summer of 2008, are currently working in Manitoba; two are employed at St. Boniface General Hospital and two at Health Sciences Centre.
- Of the 2008 Nuclear Medicine graduates, one has accepted a full time position in Brandon and one is working 0.8 EFT in Winnipeg.
- Eight of the 10 Medical Laboratory Technology and Medical Radiologic Technology graduates from summer 2008 have secured employment in rural Manitoba.
- Workforce Policy and Planning will continue to work with key stakeholders to identify shortages and ensure adequate supply of allied health professionals in the province through the development of recruitment and retention strategies.

3(c) Workforce Policy and Planning

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	736	13.00	817 *	(81)	
Other Expenditures	732		153 *	579	
Total Sub-Appropriation	**1,468**	**13.00**	**970**	**498**	

* includes enabling appropriation for Wait List Initiatives

Primary Care and Healthy Living

Primary Care and Healthy Living, under the stewardship of the Minister of Healthy Living and the Minister of Health, is assigned the lead role for the Healthy Living mandate as well as primary health care, chronic disease management, provincial nursing stations, mental health services, addictions treatment, spiritual health care, and Aboriginal health. The division focused on a number of priorities within the seven key areas of healthy living: active living, healthy eating, mental health promotion and substance abuse reduction, chronic disease prevention, tobacco reduction, injury prevention, and healthy sexuality.

Management and administration of direct service delivery programs, such as Selkirk Mental Health Centre (SMHC) and provincial nursing stations are provided by the division within Manitoba Health and Healthy Living (MHHL). The division is also in charge of providing grant funding to agencies for health related programs such as mental health and addictions.

Administration

The objectives were:

- To lead the development and implementation of a provincial primary health care and healthy living strategy; provide direction, co-ordination and support to Manitoba Health and Healthy Living and other departments whose programs and services contribute or could contribute in achieving government's primary health care and healthy living goals.
- To provide leadership and direction to ensure that the health issues and needs of Aboriginal people are considered and prioritized within department initiatives and services.
- To provide leadership and direction to ensure that the Nursing Stations in Northern communities can provide quality health care within fiscal and jurisdictional parameters.
- To provide leadership and direction, provincially and inter-governmentally, for the improvement of health outcomes of priority populations, including Aboriginal peoples, women, children, seniors and persons with disabilities.
- To provide leadership and direction in the management of chronic disease for the province.
- To develop provincial policies for healthy living and healthy populations, chronic diseases, Aboriginal health and other emerging primary health care issues and diseases.

The expected and actual results for 2008/09 included:

1. Improved access and quality to primary health care for Manitobans.
   - Initiatives such as Advanced Access are helping to provide Manitobans with a comprehensive approach to effective primary prevention and primary care delivery by reducing wait times while improving health outcomes and patient satisfaction.

2. A provincial Healthy Living Strategy and enhanced public awareness of healthy living.
   - Continued enhancements of the provincial Healthy Living Strategy include additional campaigns such as the popular Workplaces *in motion* and the Healthy Living Guide.

3. A Healthy Living Office overseeing the development and delivery of strategies that promote the health of Manitobans and contributes to the sustainability of the health care system for Manitobans.
   - With the Healthy Living Office, helped to create government, regional and community partnerships that promote innovative solutions to improve the health status of Manitobans making the health care system more sustainable.

4. A comprehensive health strategy to reduce the gap between the health of Aboriginal people and other Manitobans.
   - With the Aboriginal Health Branch, collaborated within the provincial government and regional health authorities, and with federal, First Nations, Métis and Inuit partners on addressing the health needs of the Aboriginal population with policies and programs that enhance relationships, promote healthy living, and improve health care services.

5. Sufficient staffing and operating resources, and appropriate direction and co-ordination to enable nursing station staff to provide quality primary and emergency services to the communities they serve.
   - Quality primary care and emergency services were provided by nursing station staff with direction and co-ordination from Provincial Nursing Station management.

6. Health policies and programs that reflect the needs of priority populations and the delivery of programs and services provided by the department.
   - Policies and programs have been developed across the seven areas of focus for priority populations such as women, youth, new immigrants, Aboriginal and vulnerable Manitobans.
   - With Family Services and Housing, established the Cross-Department Coordination Initiatives (CDCI) Division to identify and review policy issues, coordination approaches and service delivery with respect to housing and supports for the seniors population, individuals with mental health issues, and individuals who are homeless or at risk of being homeless. CDCI proposes enhancements and improvements or alternatives to housing policy and support services for these populations, working in partnership with the regional health authorities and the community.

7. Provincial strategies for environmental health, chronic diseases, and other emerging primary health issues.
   - Chronic disease prevention and environmental health concerns and other emerging issues are being addressed by a number of provincial strategies either completed or in progress such as suicide prevention, healthy living, mental health, diabetes and stroke.

4(a) Administration

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	410.0	7.46	491	(81)	
Other Expenditures	352.0		290	62	
Total Sub-Appropriation	**762.0**	**7.46**	**781**	**(19)**	

Emergency Medical Services

Emergency Medical Services (EMS) provides provincial leadership and surveillance of the air and land ambulance transport system, and the provision of stretcher transport.

The objectives were:

- To facilitate the development of regional Emergency Medical Services (EMS) as delivered by the regional health authorities (RHAs).
- To be responsible for carrying out activities related to the regulation of medical transport in Manitoba.
- To co-ordinate the operation of the Lifeflight Air Ambulance Program.

The expected and actual results for 2008/09 included:

1. Together with the RHAs and the Medical Transportation Coordination Centre (MTCC) co-ordinate the province's ambulance resources via emergency medical dispatch, and the use of the fleet net radio and fleet net vehicles.
   - The province of Manitoba increased the ambulance vehicle fleet by 4, re-chassied 30 vehicles and obtained additional fleet net radios to distribute to the RHAs during 2008/09. The EMS Branch worked closely with the MTCC and the RHAs to co-ordinate EMS resources throughout the province.

2. Strengthen existing data collection processes and indicators for EMS service and revise data collection processes through various new mechanisms.
   - The EMS Branch required annual and ad hoc reports from the RHAs regarding EMS services in the province. The EMS Branch undertook comprehensive monitoring and surveillance of the land ambulance systems in rural and northern Manitoba.

3. An efficient and transparent application process for licence holders for the land and air ambulance sector, and a similar process for stretcher car services.
   - The application process for EMS licence holders is on the Manitoba Healthy and Healthy Living website and is provided in written form for any inquiries to the EMS Branch. The EMS Branch sent out annual letters and regular reminders to licence holders, with the established criteria for license holders in the land, air and stretcher car sector.

4. Patient safety via the ongoing evaluation of licensed EMS services including vehicles, equipment, and processes used in the delivery of EMS.
   - Regular inspections of land, air and stretcher car services were conducted by EMS Branch staff with all licence holders during 2008/09. In addition, an Alternate Route to Maintenance of Licensure (ARML) process was in place that provided for random auditing of licence holders to ensure they maintain on-going education.

5. New educational standards for Primary Care Paramedic educational programs.
   - The EMS Education Program Advisory Committee continued to meet on a regular basis and new standards are being incorporated in their educational programs. Red River College implemented a 10-month Primary Care Paramedic program in September 2008 and thirty-four students are expected to graduate in the summer of 2009.

6. Competent new practitioners evaluated by a consistent provincial exam process to ensure minimum patient care standards are met as required under the Act and Regulation.
   - A total of 187 individuals were newly licensed for land ambulance this past year. There were 78 individuals at the Technician Medical Responder level, 108 individuals at the Technician Paramedic level, and 2 individuals at the Technician Advanced Paramedic level.
   - A total of 58 individuals upgraded their licences for land ambulance. There were 33 individuals upgraded to the Technician Paramedic level, and 25 individuals upgraded to the Technician Advanced Paramedic level.
   - A total of 90 individuals were newly licensed for air ambulance and stretcher service. This included 44 pilots, 20 aeromedical attendants, and 26 stretcher attendants.

- Twenty-five individuals applied for relicensure; 17 at the Technician Medical Responder and 8 at the Technician Paramedic level.
- There are 1,164 licensed EMS personnel who are maintaining their licence through the ARML program. There are 493 individuals that are not in the ARML program.
- There were 1,903 licensed EMS personnel in Manitoba on December 31, 2008. The breakdown for the personnel categories are 1,657 land personnel, 68 aeromedical attendants, 125 pilots, and 53 stretcher attendants.

7. Patient safety as a result of the implementation of current, medically accountable practice guidelines and standards for pre-hospital patient care provided by Manitoba's Emergency System Medical Advisory Committee on an ongoing basis.
   - There were four revisions to the Emergency Treatment Guidelines, and two new guidelines introduced. There were 10 revisions to the Emergency Treatment Protocols, and one new protocol introduced.

8. Patient safety due to an application process for newly licensed practitioners requiring a criminal reference check and child abuse registry check.
   - Processes were in place in the EMS Branch to protect the public for situations when new applicants have criminal offences or criminal charges pending.

9. Safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program (estimated at 600 flights per year).
   - Lifeflight transports seriously ill or injured Manitoba residents who reside outside of an 80 mile radius of Winnipeg and have access to an airport accessible to the Lifeflight jet.
   - In 2008/09 Lifeflight provided safe transport for 528 seriously ill or injured patients from rural and northern facilities to tertiary centres primarily in Winnipeg.
   - Lifeflight also arranges for the air transportation of pre-approved Manitoba residents to facilities out-of-province when the required care is unavailable in Manitoba. In 2008/09, Lifeflight arranged for the transport of 99 Manitoba residents who required medical care not available in Manitoba.

10. Effective administration of the Northern Patient Transportation Program (NPTP).
    - The NPTP is a subsidy for necessary medical transportation (elective or emergency) for residents of Manitoba located in the north who can not access these services in their community. The program has existed since 1972 and provides access to medical services for approximately 16,000 residents per year at a cost of approximately $11M per year. The EMS Branch conducted a review of NPTP policies, procedures and efficiencies for 2008/09.

4(b) Emergency Medical Services

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,199.0	14.00	1,116	83	
Other Expenditures	6,947.0		6,553	394	
External Agencies	19.0		23	(4)	
Total Sub-Appropriation	**8,165.0**	**14.00**	**7,692**	**473**	

Healthy Living and Healthy Populations

Healthy Populations provides strategic direction, policy development and program planning aimed at improving the health outcomes for priority populations including women, children, families, persons with disabilities, seniors and their communities. In collaboration with other areas, health promotion, prevention, and early intervention activities are emphasized to further the goals of Manitoba Healthy Living in the seven key areas of active living, healthy eating, healthy sexuality, chronic disease prevention, injury prevention, mental health promotion and tobacco reduction.

The objectives were:

- To further the goals of Manitoba's Healthy Living Strategy in key areas: active living, chronic disease prevention, healthy eating, mental health promotion and substance abuse reduction, injury prevention and safety, healthy sexuality, and smoking reduction.
- To provide strategic direction in policy development and program planning designed to improve the health outcomes for priority populations such as women, children, families, persons with disabilities, seniors and their communities, as well as emerging populations.
- To conduct ongoing environmental scans and identify research, emerging issues, and best practice.

The expected and actual results for 2008/09 included:

1. Action plans for the seven areas of focus are being implemented. The seven areas include: active living; chronic disease prevention; healthy eating; mental health promotion and substance abuse reduction; injury prevention and safety; healthy sexuality; and smoking reduction.
    - Continued to develop and implement Manitoba *in motion*, a provincial strategy to help Manitobans increase physical activity for health benefits.
        - Components of the strategy included Healthy Schools *in motion*, Communities *in motion*, Moving Around Manitoba, and the new Workplaces *in motion*.
        - *In motion* community and workplaces grants were awarded to help community partners and workplaces implement ways to increase physical activity among citizens of all ages.
        - Manitoba *in motion* received the 2008 Canada *in motion* Russ Kisby Physical Activity Leadership Award, for excellence in physical activity leadership.
    - Provided community funding support to a variety of organizations to assist in the delivery of physical activity and healthy living initiatives including those for priority populations.
    - Continued implementation of a healthy sexuality action plan that sets out to address needs within five priority populations disproportionately affected by adverse sexual health outcomes.
        - Co-ordinated an inter-governmental body to analyze the specific treatment needs of persons diagnosed with gender identity disorder in an effort to ensure the most appropriate care.
        - Supported targeted sexual health strategies and targeted educational campaigns as required.
    - Worked intersectorally to prevent and reduce intentional and unintentional injury for children, youth and adults.
        - The Low-Cost Bike Helmet campaign continued to distribute helmets to children and families.
        - The Personal Flotation Device Loaner Program and Community Water Safety Grant program continued to improve water safety in northern communities.
        - Participated with Injury Free Manitoba to hold an injury prevention conference to focus collaboration on injury prevention initiatives for children, seniors, and Aboriginal communities.
        - Supported the highly successful Falls Prevention and Vision Screening project in long term care facilities in Winnipeg and in the community as well as training in rural areas.
        - Worked in partnership with Osteoporosis Canada – Manitoba Chapter and other stakeholders to develop resources to prevent falls, implement a Falls Prevention Curriculum, and deliver bone health education workshops and training to seniors and health care professionals.
        - With Manitoba Public Insurance and other stakeholders, developed plans to increase cycling education for cyclists and for drivers and supported the Manitoba Cycling Association to develop CAN-BIKE Cycling Skills Video that will be used by trainers throughout the province.
        - Worked with Manitoba Agriculture, Food and Rural Initiatives to continue the Safe Play Area on Farms grant program to increase awareness and improve children's farm safety.

2. Healthy Living strategies and initiatives such as the Interdepartmental Food and Nutrition Committee, Northern Healthy Foods Initiative, Chronic Disease Prevention Initiative and others developed in collaboration with partners and sectors. As well, research-based reports on obesity and the nutritional status of children and adults in Manitoba.
    - Through the Northern Healthy Foods Initiative increased local food self-sufficiency; made more nutritious foods more affordable and available; and, provided food and nutrition education, particularly in schools, in northern and remote communities.
    - Provided funding to support the work of the Manitoba Food Charter in catalyzing action and co-ordinating activities to promote food security across Manitoba, including public education, the Golden Carrot Awards, and an annual food security conference.

- Provided funding to support school nourishment programs in partnership with community agencies to ensure children attend school well nourished and ready to learn.
- A Food in Schools website was developed to provide practical information and tools for schools to implement nutrition policies and for parents to promote healthy eating.
- The School Fruit and Vegetable Snack pilot program was launched to increase intake of, and positive knowledge and attitudes towards, fruits and vegetables.
- In partnership with Manitoba Education, Citizenship and Youth, and Healthy Child Manitoba, continued to develop the Healthy Schools initiative and facilitate the implementation of Healthy Schools activities by school divisions in partnership with regional health authorities and other local resources.
- In partnership with the Public Healthy Agency of Canada, announced Dial-A-Dietitian, a service that will provide Manitobans access to dietitians who call Health Links – Info Santé.
- Supported various initiatives to ensure the health and wellness of babies, children and their mothers including:
  - the Baby Friendly Manitoba Breastfeeding Strategy that provides support to increase breastfeeding initiation, duration and exclusive breastfeeding rates to six months.
  - the Baby Friendly Manitoba Committee, whose activities included an annual conference, telehealth Breastfeeding Clinical and Research Rounds, resource development and distribution, and work with interested hospitals towards Baby Friendly Hospital Initiative Accreditation.
  - Completed the French translation of the Babies Best Chance book, a resource on prenatal and infant care that is provided at no cost to all mothers in Manitoba.
  - Held the first educational event to share current research reports and data sources regarding children's health to provincial and federal staff working on the Manitoba Children's Agenda.

3. Ongoing support of inter-departmental work in the disability area, including updated Guidelines on Access to Government (ex: government documents, websites and services), disability supports and services, and supports for First Nations persons with disabilities.
   - Updated the Manitoba Healthy Living website to comply with the World Wide Web Consortium (W3C) priority 1 and 2 standards to assist persons with disabilities.
   - Continued to work with inter-departmental and community partners on the children's therapy initiative, action planning for children and adults with Autism Spectrum Disorders, and healthy living resources for persons with disabilities.

4. Evidence-based policies, strategies and planning processes that reflect gender-based considerations and address the specific needs of children, seniors and persons with disabilities.
   - In partnership with the Prairie Women's Health Centre of Excellence, a first of its kind Women's Health Profile was completed by conducting a gender-based analysis of provincial and federal data to identify over 140 indicators of women's and teen girls' health.
   - Held workshops with all RHAs on the Profile and on gender based analysis as a methodology for community health assessment and health planning.
   - Held Women's Health consultations in every RHA to gather information from Manitoba women about priorities for an updated Women's Health Strategy.
   - With Manitoba Justice and Manitoba Family Services and Housing, hired a co-ordinator for the Multi-jurisdictional Implementation Team on Sexually Exploited Children and Youth.
   - Supported the falls prevention component of the SafetyAid program for seniors in conjunction with Manitoba Justice, Manitoba Seniors and Healthy Aging Secretariat and community partners.
   - Working with the Winnipeg Regional Health Authority, Manitoba Health and Healthy Living provided the Clinic for Alcohol and Drug Exposed Children additional funding to stabilize services, and to expand diagnostic services for children and youth with fetal alcohol spectrum disorder.

4(c) Healthy Living and Healthy Populations

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	756.0	11.00	915	(159)	
Other Expenditures	4,825.0		6,497	(1,672)	1
External Agencies	1,036.0		1,011	25	
Total Sub-Appropriation	**6,617.0**	**11.00**	**8,423**	**(1,806)**	

Explanation Number:

1. Miscellaneous operating under-expenditures

Aboriginal Health

Aboriginal Health is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives, and services for the Aboriginal community. Aboriginal Health acknowledges, supports and promotes the cultural diversity among the First Nation, Métis and Inuit populations in Manitoba, and works in collaboration with the federal government, other branches within the department, other provincial departments, regional health authorities (RHAs), Aboriginal political territorial organizations and communities to meet that mandate.

The objectives were:

- To develop, prioritize, implement, and analyze strategic health initiatives and programs to improve health outcomes for Aboriginal people and thereby reduce the gap between Aboriginal people and all Manitobans.

The expected and actual results for 2008/09 included:

1. Culturally competent provincial programs, policies and strategies based on best practices, standards and research.
   - Co-lead Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy, which comprised initiatives targeted at reducing the incidence of suicide attempts/completions and focused on Aboriginal youth and activities that will benefit Métis and First Nations communities.
   - Provided policy support to the First Nations Personal Care Home Licensing Initiative, including education to First Nations and negotiation with the federal government.
   - Participated in the development of an implementation strategy for Jordan's Principle and the development of a dispute resolution mechanism.
   - Participated as Steering Committee members for the Pine Falls Traditional Healing Center.
   - Participated as a partner in the ongoing development of the provincial Métis Policy.
   - Participated as a partner in the National Aboriginal Women's Summit, which created opportunities to procure the perspective of Aboriginal Women to incorporate into policy development and strategic planning.

2. Improved accountability between Manitoba Health and Healthy Living (MHHL) and RHAs respecting the health of Aboriginal people in respective regions.
   - Provided support to RHAs to enhance First Nation and Aboriginal involvement in Regional Suicide Prevention committees.
   - As administrator of the Adaptation Envelope for the federal Aboriginal Health Transition Fund (AHTF), the AHTF Co-ordinator worked to establish better relationships between First Nations and Métis political organizations/communities and the RHAs.

3. Improved working relationships and collaboration among MHHL, the federal government, Aboriginal groups, provinces/territories and other stakeholders.
   - Involved in multi-sectoral, interjurisdictional committees seeking to support a number of areas affecting Aboriginal health including, but not limited to: Shamattawa Integrated Working Group, Intergovernmental Committee on Manitoba First Nations Health, Manitoba First Nations Personal Care Home Networking Group, Pandemic Planning, and Public Health Network.

4. Increased linkages between the RHAs and Aboriginal groups within their geographic area.
   - Consistently encouraged RHAs to engage Aboriginal groups within their geographic region.
   - Linked RHAs and First Nations and Métis groups and communities in all areas of the Aboriginal Health Branch's work and ensured representation whenever possible.
   - Announced initiatives through the Manitoba Youth Suicide Prevention Strategy that will improve linkages including Regional Suicide Prevention committees, the development of Discharge Protocols, and the Enhanced Telehealth initiative.

5. Reduced gap between the health of Aboriginal people and the rest of Manitobans.
   - Announced the Enhanced Telehealth initiative under the Manitoba Youth Suicide Prevention Strategy, which will provide greater access to psychiatric consultations in remote communities.
   - Initiatives that focus on wellness and healthy living intended on reducing the gap in health status include the Winnipeg Aboriginal Sport Achievement Centre Express Initiative piloted in Shamattawa in 2008.
   - Through AHTF co-ordination, assisted in addressing the gap in health status by increasing the participation by Aboriginal people in health programs and encouraging their involvement with RHAs.

6. Enhanced relationships with Aboriginal communities, leadership, sub-groups, and organizations.
   - Collaborated to support the first Manitoba region gathering leading up to the next National Aboriginal Women's Summit.
   - Continued discussions with First Nations communities to support an integrated approach to health care planning.

7. Improved support of Aboriginal self-government activities and initiatives within provincial mandates and priorities.
   - Funding provided to Northlands Denesuline to support community identified activities under their suicide prevention plan.
   - Through AHTF co-ordination, supported the Fisher River Cree Nation's project aimed at the eventual creation of a First Nations Licensing body that intends to provide First Nations the opportunity to develop culturally appropriate licensing standards and oversight.

4(d) Aboriginal Health

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	197.0	5.00	288	(91)	
Other Expenditures	345.0		321 *	24	
Total Sub-Appropriation	**542.0**	**5.00**	**609**	**(67)**	

* includes enabling appropriation for First Nations Healthy Living Initiatives

Chronic Disease Management

The objectives were:

- To reduce the burden of diabetes and chronic diseases in Manitoba through a holistic, integrated and co-ordinated approach.
- To provide community supports to improve and sustain the capacity for chronic disease prevention with communities, regions and organizations.
- To work towards changing systems and behaviours of numerous targets, including health care systems, health professionals, communities and people with and at risk of developing chronic disease.

The expected and actual results for 2008/09 included:

1. Current surveillance information to support policy, programs, activities and the promotion of health for Manitobans.
   - Continued to work with the Public Health Agency of Canada to improve and standardize chronic disease surveillance provincially and across Canada.

2. Public awareness of chronic disease prevention enhanced.
   - A Healthy Living guide with information on eating well, becoming more physically active and not smoking was developed and distributed to promote health and help prevent chronic diseases in Manitobans.
   - A community resource entitled *Healthy Together Now*, was distributed throughout the province to share information on the successful Chronic Disease Prevention Initiative (CDPI), including community success stories, slideshows, posters, a brochure and information on how to write press releases and public service announcements.

3. Collaboration among Manitoba Health and Healthy Living, and stakeholders such as governments, local universities, regional health authorities (RHAs), and other organizations for effective planning, teaching, training, research and programs.
   - As part of the Chronic Disease Education Network Workshop, provided continuing education opportunities for health professionals and providers throughout the province. The 2009 workshop had over 300 delegates and included presentations by more than 30 provincial and national experts in the prevention and management of diabetes and chronic disease.
   - Developed committee structures and communication processes to plan for improved cardiovascular prevention services in Manitoba.

4. Increased capacity of communities, regions, organizations and other partners to work collaboratively to build supportive environments that promote the prevention of chronic disease.
   - Funding provided to RHAs to employ new staff to enhance and sustain regional capacity for an integrated team approach to chronic disease prevention and healthy living.
   - Peer leaders continued to be trained throughout the province to help people living with chronic disease gain the skills and confidence to manage their condition and maintain active and fulfilling lives.
   - Released a report entitled Community Level Chronic Disease Risk Factor Surveillance: Regional Needs and Capacity in Manitoba. The report provides a snapshot of activities that identify risk factors for chronic disease in Manitoba youth and adults.

5. Increased number of communities with organized chronic disease prevention and risk factor reduction activities.
   - Supported 83 communities across the province to implement CDPI action plans to support smoking cessation, physical activity and healthy eating.
   - As part of the province-wide Regional Diabetes Program:
     - Over 700 health care providers have been trained to screen and educate Manitobans about their risk for the development of type 2 diabetes and its associated complications, and other chronic diseases.
     - Mobile retinal screening clinics, staffed by nurses with specialized training, have provided screening and education to more than 1,200 people in over 50 northern communities to prevent vision loss and blindness in people with diabetes.
   - Implemented a type 2 prediabetes screening pilot project in partnership with the Brandon RHA and the Public Health Agency of Canada that reached approximately 1,000 individuals who were screened and received education on how to reduce their risk factors.

4(e) Chronic Disease Management

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	676.0	9.50	439	237	
Other Expenditures	1,619.0		737	882	
Total Sub-Appropriation	**2,295.0**	**9.50**	**1,176**	**1,119**	

Primary Care

The objectives were:

- To support the Minister of Health, the Minister of Healthy Living and Executive Management in the planning, development and implementation of Primary Health Care (PHC) to improve the health of Manitobans.
- To provide guidance, direction and support to the regional health authorities (RHAs), health providers and communities in assessing, planning, implementing, monitoring and evaluating PHC initiatives.

The expected and actual results for 2008/09 included:

1. Improve access to quality primary care.
   - In partnership with the Manitoba Patient Access Network, 16 primary and specialty care clinics completed an 18-month training program to implement Advanced Access, an initiative to significantly decrease the wait time to access a primary care provider. Planning to expand the number of clinics that will participate in the training and implementation of Advanced Access has started.
   - The Physician Integrated Network (PIN), a Manitoba Health and Healthy Living (MHHL) primary care renewal initiative, completed its first phase on August 31, 2008. Three fee-for-services physician clinics, with approximately 65 physicians, implemented practice changes that included the introduction of interdisciplinary teams and extensive changes to the use of electronic medical records. Initial data from Phase 1 demonstrated an improvement in the quality of preventative screening and chronic disease management.
   - In partnership with Canada Health Infoway, launched and funded the planning phase for CareLink, whose goal is to improve patient access to quality primary care in Manitoba. Key CareLink projects include:
     - Expansion of a telecare Chronic Disease Self-Management Program to rural and remote communities in Manitoba.
     - After Hours Access to Primary Care to demonstrate seamless and comprehensive care for Manitoba patients by linking selected physician clinics with Health Links–Info Santé to provide after hours on-call patient care.
   - Identified new initiatives to ensure effective maternal and child care is available closer to home, to address service gaps and to promote promising practice across the province. Twenty five initiatives were identified by the Maternal and Child Health Services Task Force and MHHL announced funding to implement 13 of these. Implementation of the funded initiatives and development of the remaining initiatives has begun.

2. Increased comprehensive care through the implementation of multidisciplinary teams.
   - Created an internal working group, with representation from across MHHL, to do an environmental scan of key issues and required actions to identify the key policy barriers and facilitators of collaborative, team-based practice in primary care.

3. Appropriate allocation of PHC resources to and by the RHAs.
   - Continued development of birth centres; one proposed centre in Winnipeg is in the functional programming phase.
   - Continued development of Access Centre Northwest and Access Centre St. James.

4. Improved continuity of care through the development of linkages across systems of care (primary, secondary and tertiary), and among community (primary care) services.
   - In November 2008, with the assistance of the Primary Care Information Systems Strategy office and the Physician Integrated Networks program, four vendors were selected as "Candidate" Approved Vendors through the Electronic Medical Record qualification process conducted by Manitoba.

5. Development of an Intra-divisional Planning Network for Primary (Health) Care also known as the Primary Care Charter.
   - An internal working group with representation from across MHHL, was created to begin the development of a primary care renewal plan.

6. Increased capacity in RHAs to implement innovative and effective system changes in Primary Care using quality improvement methodology.
   - In partnership with the Canadian Medical Association, two leadership training sessions called Physician Manager Institutes were funded and approximately 80 primary care providers from across the province participated to build the skills to be leaders, change agents and innovators within their facility.
   - Funded training sessions on Customer Service Excellence in Health Care to selected RHAs to promote patient-centered care in Manitoba.

7. Midwifery services delivered in Manitoba in accordance with the provincial standard.
   - Continued to develop and deliver midwifery services and education that serves population needs.
   - Increased funding for midwifery positions through RHAs from 34.0 to 41.5 positions. The new positions were provided to rural Manitoba to meet maternal/newborn health service needs and to provide care closer to home.
   - Supported the continuing implementation of Manitoba's Aboriginal Midwifery Baccalaureate Program, offered by University College of the North. The program is in its third year with students based in two northern communities.
   - Worked with provincial, western and northern stakeholders, such as the College of Midwives Prior Learning Assessment program, to develop bridging programs that will increase the supply of Manitoba midwives. The College of Midwives Prior Learning Assessment program supports access to Canadian registration for internationally educated midwives.

8. Successful implementation of Extended Practice Registered Nurses RN(EP)s across the province of Manitoba.
   - Invested over $1 million to introduce 18 new nurse practitioner (Extended Practice Registered Nurse) positions, increasing the nurse practitioner positions from 58 to 76. Positions were located in 10 RHAs, with a position for a provincial nursing station and another for dedicated work with at-risk populations.
   - Through intensive support, assisted the RHAs in successfully implementing the new nurse practitioner positions.

4(f) Primary Care

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	476.0	8.50	551	(75)	
Other Expenditures	178.0		137	41	
External Agencies	168.0		168	-	
Total Sub-Appropriation	**822.0**	**8.50**	**856**	**(34)**	

Northern Nursing Stations

The objectives were:

- To provide quality health care to the communities of Chemawawin Cree Nation/Easterville, Misipawistik Cree Nation/Town of Grand Rapids and Mosakahiken Cree Nation/Moose Lake through the management of the community nursing stations.
- To transfer the nursing station health resources to local community health authorities.

The expected and actual results for 2008/09 included:

1. Sufficient staffing and operating resources, and appropriate direction and co-ordination to enable nursing station staff to provide quality primary care, public health and emergency services to the communities they serve.
   - Primary care, emergency and public health services were provided to the communities served by the provincial nursing stations.

2. Ongoing support of the negotiation process among Manitoba Health and Healthy Living (MHHL), First Nations and Inuit Health, Health Canada and the three First Nations together with their adjoining communities to enable development of local governance of the community nursing stations.
   - Participated in and supported negotiations to strengthen health services in the communities.
   - Participated on a Steering committee representing MHHL, First Nations and Inuit Health, Health Canada, and community leaders of Chemawawin Cree Nation/Easterville, Misipawistik Cree Nation/Town of Grand Rapids and Mosakahiken Cree Nation/Moose Lake that continued to work together to strengthen services and programs in these communities.

4(g) Northern Nursing Stations

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,545.0	19.37	1,753	(208)	
Other Expenditures	2,291.0		1,545	746	
Total Sub-Appropriation	**3,836.0**	**19.37**	**3,298**	**538**	

Regional Affairs

Administration

The objectives were:

- To provide support to the Minister of Health and the Minister of Healthy Living, the regional health authorities (RHAs), and CancerCare Manitoba, through ongoing leadership and recommendations in planning, implementing, monitoring and evaluating health services for Manitobans.

The expected and actual results for 2008/09 included:

1. Timely information to the Minister of Health, Minister of Healthy Living, internal clients, and the RHAs to support evidence-based decision-making.
   - Tracked and reported on a variety of data to assist the Ministers and the RHAs in their decision making. Emergency room, surgical, and wait time statistics are collected and reviewed regularly.
   - Worked with RHAs and CancerCare Manitoba to provide information to support decision-making on specific items.

2. Timely research and response to public expressions of concern related to service delivery issues.
   - With related partners, managed the response by the health care delivery system to issues of public concern (ex: listeria).

- Continued work to address public concerns relating to incidents, waits and staffing shortages in Emergency Rooms.
- Continued to implement several initiatives recommended in the extensive and comprehensive review of Emergency Departments across the province.
- Worked with RHAs to review issues of capacity and flow through the health care delivery system, particularly for individuals awaiting placement in personal care homes.
- Addressed the department's Strategic Priorities focusing on the changing needs of the health system in the following areas: Long-Term Care, Emergency Medical Services, and Wait Times. All of these initiatives are working toward system enhancements to allow for improved patient care and outcomes.
- Participated at a national level with work on the transition of the Canadian Council on Donations and Transplants to Canadian Blood Services, critical incident reporting, and knowledge translation in cancer control.
- Initiated conceptual work with partners to look at the patient journey.
- Worked with RHAs and CancerCare Manitoba to expand a province-wide program to address colorectal cancer from prevention to palliation/survivorship.

5(a) Administration

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	306	4.00	294	12	
Other Expenditures	61		58	3	
Total Sub-Appropriation	**367**	**4.00**	**352**	**15**	

Mental Health and Addictions

Mental Health and Addictions provides leadership, support and co-ordination to the mental health and addictions systems in Manitoba.

The objectives were:

- To develop strategies and policies for the mental health and addictions systems.
- To provide information, advice and recommendations that support effective planning and decision-making for the mental health and addictions systems across the continuum from mental health promotion to tertiary care.
- To undertake ongoing environmental scans for the identification of emerging issues and best practices related to addictions and mental health.
- To undertake strategic planning for enhanced, meaningful involvement of consumers, family members, and other natural supports in individual services and in system planning.

The expected and actual results for 2008/09 included:

1. Identification of Mental Health as a departmental strategic priority.
   - The department included Mental Health and Addictions as a strategic project.

2. Evidence-based policies for the health sector that reflects concerns of priority populations.
   - Developed and announced the Youth Suicide Prevention Strategy with a focus on Aboriginal youth.
   - In response to a defined need, funded the placement of registered psychiatric nurses in five additional emergency departments across Manitoba.
   - Following a review of mental health crisis services in Winnipeg, announced the creation of a Community Mental Health Crisis Response Centre in Winnipeg to provide specialized emergency mental health resources.
   - A provincial Advisory Committee developed a policy paper that is informing the planning of housing and support services for individuals with mental health disorders.

- Continued co-facilitation of the Trauma Planning Leadership Committee to better respond to the needs of people affected by trauma through increases in capacity and awareness.

3. A new building and environment for the elderly mental health clients of Selkirk Mental Health Centre as well as a new program for those with acquired brain injury.
   - Selkirk Mental Health Centre opened its Tyndall Building, which includes a new 75-bed geriatric mental health unit and a 30-bed acquired brain injury unit.

4. A completed plan for the construction of a five bed acquired brain injury transitional unit in the community.
   - A five-bed transitional residence opened in Thompson for individuals with acquired brain injuries.
   - Construction began in Selkirk on a five-bed transitional residence for individuals with acquired brain injury.

5. Improved integration of addictions and mental health services at both the service and policy level.
   - Began planning with community organizations and other stakeholders to develop a multi-agency centre to enhance supports for Manitobans living with addictions and mental health challenges.
   - Continued work on a youth crisis stabilization unit that will be developed in Thompson with on-site treatment, drug-stabilization beds, a mobile crisis component and Telehealth capacity.
   - The Co-occurring Disorders Initiative Provincial Leadership Team continued work on the integration of policies and services for affected individuals.

6. Enhancement of community-based eating disorders services in Manitoba.
   - Continued to support the work of the Provincial Network on Eating Disorders and the Provincial Working Group on Eating Disorders.
   - Continued funding of Teen Talk and provided new funding to Teen Talk North, both of which provide education on body awareness, self-esteem, and other protective factors for developing healthy eating behaviour and healthy body image.

7. Strong working relationships with external stakeholders in policy development.
   - Completed the planning of a provincial five-point, addiction services strategic plan that involves substantive input from grassroots organizations in its implementation.
   - Based on the work of the Provincial Leadership Committee and its framework for suicide prevention planning, developed and announced a four-year, Provincial Youth Suicide Prevention Strategy.
   - In collaboration with partners and stakeholders, began a provincial mental health strategic planning process that will guide the planning of the mental health system over the next five years.

8. Enhancement of health promotion and awareness initiatives related to problematic substance use and mental illness and mental health.
   - Continued to provide annual funding to agencies and programs that provide health promotion and awareness activities; implemented new funding to Teen Talk North (Klinic) and Artbeat Studio.
   - The Provincial Dialogue on Mental Health Promotion began providing an opportunity for RHA representatives and other stakeholders to collaborate on advancing the agenda of Mental Health Promotion across Manitoba.

9. Improved access to addictions services in Manitoba.
   - Announced additional funding to the Addictions Foundation of Manitoba to deliver a new program providing addiction intervention services to people entering treatment.
   - Provided new funding to St. Raphael Wellness Centre to provide readiness programming and post-treatment programming for up to 100 clients per year.
   - Funded Two Ten Recovery to expand transitional living services for adult males recovering from alcohol and drug addictions, and Tamarack Rehab to improve access to second-stage residential treatment program and life-skills training for clients on social assistance.
   - Announced a provincial five-point strategic plan for addictions services to enhance the overall addictions system. The plan is comprised of the following:

- building a better system
- increasing access to services
- increasing residential capacity
- increasing community-based treatment capacity
- improving addictions research

5(b) Mental Health and Addictions

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	570	10.00	723	(153)	
Other Expenditures	732		750	(18)	
External Agencies	8,405		8,405	-	
Total Sub-Appropriation	**9,707**	**10.00**	**9,878**	**(171)**	

Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required legislated and non-legislated functions in order to protect and promote the improved mental health status of Manitobans.

The objectives were:

- To carry out required legislated and non-legislated functions by administering *The Mental Health Act* and the Orders of Committeeship Program; providing professional consultation to the health care system; and promoting the recruitment and retention of psychiatrists to protect and promote the improved mental health status of Manitobans.

The expected and actual results for 2008/09 included:

1. Preservation of patients' rights under *The Mental Health Act*.
   - Continued to promote effective operation of *The Mental Health Act and Regulations*.
   - Responded to numerous inquiries regarding interpretation and practical application of *The Mental Health Act*.
   - Consulted as required with the Manitoba Health and Healthy Living (MHHL) Legislative Unit and Manitoba Justice Civil Legal Services to assist in the proper interpretation and application of *The Mental Health Act and Regulations*.

2. Interpretation and application of *The Mental Health Act*.
   - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
   - Consistently implemented the MHHL policy entitled "Order of Committeeship Issued by the Director of Psychiatric Services," setting out the policies and procedures followed by the Office of the Chief Provincial Psychiatrist in managing the Orders of Committeeship Program.

3. Issuance of new Orders of Committeeship and Authorizations of Transfer, and cancellation of previous Orders of Committeeship.
   - Processed 299 Certificates of Incapacity applying for Orders of Committeeship and issued 275 new Orders of Committeeship appointing The Public Trustee of Manitoba as committee of the person's property and personal care.
   - Cancelled 16 previous Orders of Committeeship.
   - Issued 59 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside of Manitoba.
   - Pursuant to the Order of Committeeship policy, provided an interview with the Director of Psychiatric Services to persons who submitted a letter of objection to the Notice of Intent to issue an Order of Committeeship, prior to the appointment of the Public Trustee as committee.

- Maintained required working liaison with the Office of The Public Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.

4. Enhanced recruitment and retention of psychiatrists for under-serviced areas of Manitoba.
   - Four specialists in psychiatry, who successfully completed their periods of enrollment in the Career Program in Psychiatry, continued to fulfill their return of service commitments in rural Manitoba, in Aboriginal Mental Health, in the Program of Assertive Community Treatment and in Psychogeriatric Psychiatry. Psychiatric services have thereby been enhanced in the regional health authorities of Burntwood, Central, North Eastman, Parkland and Winnipeg.
   - Two University of Manitoba residents in the specialty of psychiatry participated in the Career Program in Psychiatry, accruing return of service commitments in rural Manitoba.
   - Provided consultation and advice to relevant agencies regarding the recruitment and retention of psychiatrists in Manitoba.

5. Consultative liaison with RHAs and other sectors of the health care system.
   - Maintained relevant linkages and appropriate consultation with the RHAs regarding various aspects of the mental health system.
   - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy and the statutory implications of *The Mental Health Act* to clients, stakeholders and various sectors of the health system.

6. Orders of Committeeship Program and the regulated Forms under *The Mental Health Act* are tracked.
   - Continued data entry for the computer databases for *The Mental Health Act* and the Orders of Committeeship Program.
   - Additional computer databases were operational for selected data analysis during the year.

5(c) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	326	2.40	294	32	
Other Expenditures	52		66	(14)	
Total Sub-Appropriation	**378**	**2.40**	**360**	**18**	

Urban Regional Support
Northern and Rural Support

The objectives were:

- To provide support to the Minister of Health, the Minister of Healthy Living, regional health authorities (RHAs) and CancerCare Manitoba in planning and implementing safe, high quality, efficient, effective, evidence-based, and holistic health services to improve the health status of Manitobans.

The expected and actual results for 2008/09 included:

1. RHAs are held accountable within the provisions of *The Regional Health Authorities Act*.
   - Provided leadership in the ongoing monitoring and annual licensing of the 124 personal care homes (PCH) across the province. Findings of standards visits and follow up of action plans are reported every two years to ensure all 26 provincial standards are met. Reviewed PCHs results of standards visits and reporting and provided the Minister of Health with recommendations relative to the renewal of their respective licenses.
   - Manitoba Health and Healthy Living (MHHL) licensed 9,804 PCH beds in 124 facilities. Standards review visits were conducted in the Winnipeg, Burntwood, Parkland, South Eastman, and North Eastman RHAs.

- Provided an ongoing, consistent process for RHAs to report on the organization of nursing services in PCHs relative to the Nursing Services guidelines (staffing by Registered Nurses and Registered Psychiatric Nurses and Licensed Practical Nurses).
- Provided ongoing leadership and provincial education in the reporting and management of Critical Incidents in relation to the November 1, 2006 proclamation of *The Regional Health Authorities Amendment and Manitoba Evidence Amendment Act*; provided funding for regions to meet legislative requirements for the reporting and management of critical incidents in their region; sponsored and hosted in part, the Canadian Healthcare Safety Symposium and the Edmonton 4: Enhancing Safety in Home, Community and Long Term Care Conference; and facilitated a provincial critical incident learning and sharing forum.
- Continued collaboration with stakeholders to work toward completion of a Provincial Reporting and Management of Critical Occurrences policy, including standardized reporting forms.

2. CancerCare Manitoba is held accountable within the provisions of *The CancerCare Manitoba Act*.
   - Participated in the planning and identification of community cancer programs.
   - Participated in the Manitoba Colorectal Cancer (CRC) Screening Program Advisory Committee in support of implementing the expanded screening program.
   - Phase 1 of the CRC screening program was completed October 2008; an evaluation is underway. Planning for the implementation of Phase 2 is underway.
   - Completed the development of and published the Manitoba Cancer Strategic Framework Document.

3. Manitobans receive appropriate, safe, and high quality care across the continuum.
   - Participated in the Western Canadian Children Heart Network. Deployment of the interprovincial database was completed at the Children's Hospital in Calgary, with anticipated deployment of other sites in 2009.
   - Participated in planning for the development of the new Women's Hospital at the Health Sciences Centre. Led community consultations, attended sessions on the Integrated Design Process and reviewed versions of the Functional Plan.
   - An Agreement (funding/objectives) was put in place with the Manitoba Institute for Patient Safety (MIPS). MIPS continued to provide leadership and facilitation of several provincial quality initiatives including Phase 2 of It's Safe to Ask, an Executive Leadership initiative spearheaded by MIPS and the Regional Health Authorities of Manitoba, and serving as co-chair of the Canadian Healthcare Safety Symposium.
   - The final report on the Thomas Recommendations was publicly released. In summary, health authorities have fully addressed and incorporated the recommendations into their day to day operations as required. As such, this document will serve as the final report of the recommendations to the Minister of Health, all stakeholder organizations, and Manitoba constituents. It is important to note that many of the recommendations require ongoing and long term commitment from all stakeholders to ensure that the health system improvements intended by the recommendations are sustained into the future.
   - Supported CancerCare in ongoing expansion of the CRC screening program.
   - Supported the promotion/public awareness of partnerships with the Manitoba Cervical Cancer screening program to provide pap tests during annual Pap Test Awareness week.
   - Participated in the Provincial Stroke Framework Advisory Committee to develop a comprehensive framework that supports evidence-based stroke care and includes prevention, acute care, rehabilitation and community re-integration. Funding for initial implementation has been secured.
   - Participated in the planning for a replacement hospital in Selkirk.
   - Participated on the Manitoba Retinal Screening Vision Program (MRSVP) Steering Committee. The MRSVP was established to provide retinal photographic screening to persons diagnosed with diabetes that are at risk for vision loss, primarily due to diabetic retinopathy. The program increases access to retinal screening in selected northern communities with a high incidence of diabetes.

4. Appropriate allocation of resources to the RHAs and CancerCare Manitoba.
   - Participated in the review of the RHAs and CancerCare Manitoba Annual Health Plan to ensure plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resource allocations with evidence informed justifications.
   - Continued participation in the review and prioritization/approval of RHAs funding requests for specialized equipment.
   - Participated in the planning for an expanded Western Manitoba Regional Cancer Centre that will provide chemotherapy and outpatient care and provide radiation therapy services to Brandon. This is a first step to provide radiation therapy services outside of Winnipeg. A Memorandum of Agreement was finalized, a linear accelerator was ordered, and an oncologist has been identified. Construction of the new site will begin in 2009.
   - Provided support and participated on a Provincial Advisory Committee and the four sub-committees: Radiology, Nuclear Medicine, Computed Tomography/Magnetic Resonance Imaging and Ultrasound in order to address equipment prioritization/purchasing for these disciplines.
   - Participated in the review of the RHAs and CancerCare Manitoba Annual Health Plan to ensure plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resource allocations with evidence informed justifications.
   - Led the development of Provincial Schedules to address regional health planning needs to successfully meet the health needs of the community and include appropriate resource allocations with evidence-informed justifications for the Estimates Process.
   - Led the Eriksdale Cancer Services Working Group to look at local cancer services and provided recommendations on innovative cancer services to be offered in the community of Eriksdale as part of a Community Local Area Network for the Interlake RHA.
   - Participated on the Manitoba Breast and Women's Cancer Network to ensure resources and support around breast and women's cancer are available to women, men and their families. Connecting communities and bringing information and support closer to home is a priority for the network.

5. Appropriate utilization of health services provided by the RHAs and CancerCare Manitoba.
   - Participated in and supported the redevelopment of the Oncology Department at Victoria General Hospital, which opened in November 2008 to deliver cancer treatment programs and services efficiently and effectively in modern facilities, while creating capacity for projected increases in service volumes.
   - Recommendations of the Emergency Care Task Force have been addressed with implementation plans complete for all except those that may involve significant investment of resources (ex: emergency department renovations) and/or may be dependent on the availability of required human resources to the Winnipeg RHA (ex: availability of nurse practitioners).

6. Acute Care Waiting lists meet best practice standards and guidelines.
   - Waitlist validation has occurred in orthopedic joint replacement surgery, cataract surgery, sleep testing, pain clinic, pediatric dental surgery and is underway in echocardiography, spinal surgery, and upper extremity surgery.
   - The provincial patient access registry has instituted a standardized way of collecting wait time data and is in various stages of capturing data and reviewing data quality for reporting in neurosurgery; plastic surgery; echocardiography; thoracic surgery; Winnipeg RHA psychiatry, psychology, and pain management clinics; Central RHA – all surgical services; Burntwood RHA – all surgical services; Pan Am upper extremity orthopedics; Head and Neck cancer surgery; some general surgery; and some Ears, Nose and Throat.
   - Access targets to address national benchmarks have been developed for cardiac surgery, cataract surgery, radiation therapy, and hip and knee joint replacement.

7. Provision of information and quality data to internal client, the RHAs, and CancerCare Manitoba to support evidence-based decision-making.
   - Continued to participate on the Canadian Standards Association Strategic Steering Committee on Health Care Technology.
   - Continued to provide leadership and education relative to the Provincial Patient Safety Strategy.

- Continued to provide ongoing support to regions through facilitation of education and patient safety resources, including access to Institute for Safe Medication Practice resources; Disclosure, and Root Cause Analysis; and Failure Mode and Effects Analysis training.
- Continued to enhance the internal critical incident reporting and management data base to ensure accuracy and optimum utilization for trend and analysis reporting.
- Continued to participate on the Canadian Patient Safety Institute (CPSI) Education and Professional Development Advisory Committee in order to assist CPSI with the development and release of Patient Safety Competencies.
- Participated on the working group that addressed standardization and reporting of data in orthopedic joint replacement surgery, sleep testing, cataract surgery, diagnostic imaging, cardiac surgery, radiation wait times and pain services.

8. Flexible response to Manitoba's health services system changing needs and demands.
   - The Sharon Home Inc. officially opened the 200 bed consolidated facility – Saul and Claribel Simkin Centre on September 28, 2008. The consolidation of their two facilities resulted in the closure of the north site Kanee Centre as a PCH.
   - MHHL approved increasing current staffing levels in PCHs to standardize the amount of direct care across the province and ensure 3.6 hours of direct care is available per resident every day from registered nurses, registered psychiatric nurses, licensed practical nurses and healthcare aides in September 2007. This staffing initiative is being phased in from February 2008 to April 1, 2010.
   - The Alzheimer education program is fully underway with all RHAs sending staff to training. The uptake of this education is greater than expected.
   - The Safe Work Program of MHHL has sent $1.9 million to RHAs for the installation of ceiling track lifts by the end of March for 2008/09 and 2009/10 fiscal years.
   - MHHL announced on March 6, 2008, that licensing will proceed on an interim basis for six First Nations Personal Care Homes. The six personal care homes are: Rod McGillivary Memorial Care Home (Opaskwayak), Dakota Oyate Lodge (Sioux Valley), George M. Guimond Center (Sagkeeng), Peguis Senior Centre (Peguis), George Colon Memorial Home (Oxford House), and Ochekwi Sipi Personal Care Home (Fisher River). MHHL is actively working with five of the six unlicensed First Nations facilities and continues to meet with Indian and Northern Affairs Canada on a monthly basis to receive updates on the capital upgrades and to work cooperatively for this licensing initiative.
   - MHHL completed Levels of Care assessments in the unlicensed First Nations PCHs in the fall 2008.
   - MHHL Standards Consultants are in the process of providing an orientation to the First Nations PCH Networking Group on Standards Regulations, the Standards Review process and the Licensing process.
   - MHHL worked collaboratively with Manitoba Finance in establishing a Primary Caregiver Tax Credit effective taxation year 2009 with possible eligibility for caregivers beginning in October 2008.
   - Continued to support the Canadian Virtual Hospice, an interactive bilingual website for people dealing with life-threatening illness and loss. Palliative patients, family members, caregivers and professionals are able to query palliative care professionals about questions and concerns they have about palliative care.
   - Actively participated in the Provincial Palliative Care Network and in the development of a palliative care statistic spreadsheet to capture client volumes, service provided and service volumes of the community based program
   - Continued participation on the Winnipeg RHA Regional Medical Device Reprocessing Committee to respond to new reprocessing techniques, adopt best practices, and implement standardized policies and procedures for reprocessing activities.
   - Continued participation on the Northern and Rural Renal Advisory Committee to facilitate the delivery of dialysis in Winnipeg and local centre's throughout the province.
   - Led the Provincial Renal Health Steering Committee for dialysis expansion sites including Russell, Norway House, Gimli, Hodgson, Health Sciences GG6 ward change to dialysis. The stakeholders include six RHAs: Assiniboine, Burntwood, Interlake, NOR-MAN, North Eastman

and Winnipeg; other stakeholders include Northern Medical Unit and First Nations Inuit Health. This is a First Nations focused initiative to facilitate reduction of risk factors associated with kidney failure.

- Led Hodgson Local Site Implementation Team for new dialysis program in this local.
- Continued participation on the Renal Disease Prevention Steering Committee. This is a First Nations' focused initiative to facilitate reduction of risk factors associated with kidney failure.
- Redevelopment of emergency departments within the Winnipeg RHA was supported with the goal of improved service: Seven Oaks General Hospital (operational August 2008) and Concordia Hospital (operational October 2008). Redevelopment plans for the Victoria General Hospital emergency department are completed with an expected start in 2009/10.
- Additional emergency department resources were supported province-wide to address such issues as staffing to manage patient volumes and security.
- Changes were implemented to consolidate services and enhance resources with the goals of maximizing clinical expertise and thereby reducing wait times for service for Manitobans with sleep disorders.
- Supported the establishment of a provincial living organ donation reimbursement program to address one of the identified barriers to living organ donation – the cost to the donor.
- A standardized assessment and evaluation process for physicians and surgeons working in the Cardiac Sciences Program is formally done in Surgery and less formally in Anesthesia and Medicine.
- The cardiac pre-op clinic implemented the Electronic Medical Record.
- Pursuing adapting the Approach Data Base (based on the Alberta model) to standardize cardiac wait-time data collection within one to two years.
- Team building sessions to assist Health Sciences Centre physicians to cope effectively with the transition to St. Boniface General Hospital were conducted.
- Cardiac consolidation at St. Boniface General Hospital has reduced the average length of stay for Health Science Centre patient's by 1 1/3 days.
- Cardiac Surgery Inpatient Unit can accommodate 33 out of the 37 beds recommended by the Koshal report.
- Continued participation on phases two and three of the Winnipeg RHA Rehabilitation Reconfiguration Project. Phase two involves planning for specialized rehabilitation and outpatient services. The movement of 31 beds (9 amputee, 13 spinal cord, 7 neurolocomotor and 2 rehabilitation service swing beds) from Health Sciences Centre to Riverview Health Centre.
- Participated on a panel discussion on federal-provincial and RHA linkages that promote access to health services in the north, at the April 2008 Manitoba/Saskatchewan Workshop on Health Care Access of Northern Residents sponsored by the Rural Development Institute of Brandon University.
- Provided support to rural and northern RHAs in the development of regional co-ordinated strategies, particularly in summer operations planning, to ensure service provision within the challenges of health human resource shortages.
- Facilitated RHA risk assessments of single use devices.
- Led a risk assessment of RHA emergency department protocols.

9. Supports and communication strategies are in place to assist with government's health response to disasters.
   - Participated in the Manitoba Disaster Management Network, which works to develop co-ordinated and consistent provincial responses to issues such as pandemic flu and natural disasters.

10. Timely response to public expressions of concern related to health service delivery issues.
    - Provided continuing support to the Ministry through investigating, reporting and responding to verbal and written public and media issues/expressions of concern related to health care delivery within Manitoba.
    - Provided information to patients and other citizens, within the bounds of *The Personal Health Information Act* and *The Freedom of Information and Protection of Privacy Act*, on individual and systemic healthcare inquiries.

5(d) Urban Regional Support

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,897	34.12	2,003 *	(106)	
Other Expenditures	530		489 *	41	
External Agencies	685		685	-	
Total Sub-Appropriation	**3,112**	**34.1**	**3,177**	**(65)**	

* includes enabling appropriation for Wait List Initiatives

5(e) Northern and Rural Support

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	627	11.50	753	(126)	
Other Expenditures	171		212	(41)	
Total Sub-Appropriation	**798**	**11.50**	**965**	**(167)**	

Selkirk Mental Health Centre

Selkirk Mental Health Centre (SMHC) is a provincial mental health facility mandated to provide specialized mental health and acquired brain injury inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met elsewhere in the health care system.

SMHC also has a formal agreement with the Government of Nunavut to provide inpatient services to residents of Nunavut experiencing acute mental illness.

Treatment and rehabilitation services in all programs are provided by multi-disciplinary teams. SMHC specializes in five inpatient treatment programs:

- Acute Program (43 beds)
- Rehabilitation Program (86 beds and 8 community residence beds)
- Geriatric Program (75 beds)
- Forensic Program (18 beds)
- Acquired Brain Injury Program (30 beds and 5 community residence beds in construction)

The cultural and spiritual needs of Manitoba First Nations, Métis, and Nunavut patients are met by Aboriginal Services staff, such as Elders, Friendship Workers and a Co-ordinator, and include conducting sweat lodge, smudging and pipe ceremonies; making sacred items; and sharing traditional stories.

The objectives were:

- To deliver quality, compassionate, respectful, and cost-effective inpatient mental health services with a patient-centered approach.
- To promote recovery through clinical excellence, cultural competence, community partnerships, and family involvement.

The expected and actual results for 2008/09 included:

1. Patient-focused treatment that supports the goal of returning the patient back to a community setting.
   - Construction started for a new five-bed Acquired Brain Injury transitional residence.
   - Community placements for Rehabilitation patients increased by 35.3% compared to 2007/08.
   - Average Length of Stay for Acute patients was reduced by 15.3% compared to 2007/08.

2. Patients and families encouraged to influence the direction of care being provided.
   - Continued planning for a new governance model which includes a Stakeholder Advisory Committee and a Governing Council.
   - Created and implemented a Family Satisfaction Survey and acting on recommendations.
   - Held monthly Consumer Advisory Committee meetings and quarterly Family Advisory Committee meetings.

3. Employees who are competent and able to provide patient care in accordance with standards and best practices.
   - Increased Training and Development budget and supported all relevant training requests and cross-training opportunities.
   - Completed the first three-year Leadership Training program and commenced a second session.
   - Created and implemented a new Mentorship Program for employees that completed the first session of Leadership Training.
   - Commenced new training programs in all program areas based on best practice.
   - Implemented new SAFE Work procedures.

4. Effective management of resources to enable and support the delivery of quality patient care.
   - Continued implementation of a new five-year Strategic Plan 2008/13, Acquired Brain Injury Program, inventory management system, and medication reconciliation process.
   - Construction completed for a new Geriatric and Acquired Brain Injury facility.
   - Planning completed for a number of large projects including:
     - new medication dispensing system
     - Pharmacy renovations
     - new Clinical Application System for electronic records
     - security system upgrades
     - updated exterior signage
     - safety and security upgrades for Area 12

5(f) Selkirk Mental Health Centre

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	27,265	467.30	27,841	(576)	
Other Expenditures	4,152		5,393	(1,241)	1
Total Sub-Appropriation	**31,417**	**467.30**	**33,234**	**(1,817)**	

Explanation Number:

1. Miscellaneous operating under-expenditures

Disaster Management

The objectives were:

- To ensure the Health Sector is able to effectively prevent, mitigate, prepare for, respond to, and recover from emergencies and disasters.

The expected and actual results for 2008/09 included:

1. A disaster management program for Manitoba Health and Healthy Living (MHHL) that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1,600 Standard on Disaster/Emergency Management and Business Continuity Programs).
   - The Office of Disaster Management has developed and implemented an accountability tool that measures compliance with internationally recognized best practices. Currently based on the use of this tool, the regional health authorities (RHAs) and MHHL are in compliance with 71% of the

articulated best practice. The Office of Disaster Management has targeted the gaps in compliance and is resolving them on a risk prioritized basis.

2. Ongoing support to each RHA in the implementation of their disaster management programs and disaster management accountability models.
   - The Office of Disaster Management continues to work with RHAs in the implementation of their disaster management programs. This work is based on a hazard assessment of the risk events pose to the health of Manitobans. The Office of Disaster Management has concentrated work with RHAs in the areas of Pandemic Influenza Preparedness and Severe Weather Preparedness (ex: tornados, hail and severe thunderstorms) based on the hazard assessment.
   - Operational support during emergencies and disasters continue on an as needed basis. The Office of Disaster Management provides emergency management advice and co-ordination to RHAs through the Manitoba Health Duty Officer. The Office of Disaster Management provided intensive operational support and guidance in the following emergencies, in addition the MHHL Emergency Coordination Centre (ECC) was activated three times:
     - Via Rail Communicable Respiratory Disease (May 2008)
     - Noveko "Lethal Weapon" Packages (May 2008)
     - Northern Forest Fires (Summer 2008) – ECC Activated
     - Emerson Hazmat Incident (October 2008)
     - Brandon Train Derailment (October 2008)
     - Stony Mountain Prison Riot (January 2009)
     - Southern Manitoba Ice Storm (February 2009) – ECC Activated
     - Milner Ridge Mumps Outbreak (February 2009)
     - Manitoba Spring Flooding (March 2009)- ECC Activated
   - Ongoing program implementation of disaster management programs is also fostered by ongoing collaboration with the Disaster Management Network. The Disaster Management Network provides a working group for RHA Disaster Management representatives to collaborate on various hazards. In 2007/08, the Office of Disaster Management formed a second Disaster Management Network to provide a collaborative network for allied health providers such as CancerCare Manitoba and the Addictions Foundation of Manitoba. This group continues to develop and grow and has begun to develop comprehensive emergency management programming within each of their portfolios.

3. A fully integrated health incident management system for MHHL and the RHAs.
   - MHHL and RHAs continue to refine their incident management systems. MHHL put in place a policy direction requiring all RHAs to develop and implement incident management systems. At the RHA level, functional Incident Management Systems are in place and training continues for management and staff at all levels. RHAs have successfully implemented Incident Management Systems to respond to a variety of emergencies and disasters throughout the province such as the spring flooding event.
   - At MHHL the Emergency Response Management System has been developed to respond to large scale health sector emergencies such as a pandemic influenza. The Emergency Response Management System has been implemented centrally in MHHL to respond to public health events. The rollout of training to key MHHL and RHA staff has begun and The Office of Disaster Management provided three training courses.
   - At the national level, MHHL is working closely with Federal/Provincial/Territorial counterparts to ensure a unified National Health Incident Management System that will allow for a co-ordinated response to large scale regional or national health emergencies.

4. A co-ordinated and effective preparedness and response structure for pandemic influenza within MHHL and the RHAs.
   - MHHL continues to work with a variety of stakeholders to ensure the Pan-Canadian pandemic influenza preparedness goals of limiting morbidity and mortality and Societal Disruption are met. Work on pandemic preparedness concentrated in the areas of Mass Communications, The Emergency Personal Protective Equipment Stockpile, labour preparedness, Physical Surge Capacity Planning, Ethical Framework and Clinical Care Guidelines.

5. Safer communities that suffer fewer deaths, physical injuries, and psychosocial trauma as a result of health-related emergencies and disasters due to the implementation of a comprehensive disaster management program involving prevention, mitigation, preparedness, response, and recovery.
   - It is hoped that reducing morbidity, mortality and societal disruption associated with emergencies and disasters can be accomplished through comprehensive emergency management (prevention, preparedness, mitigation, response and recovery). Evidence from other jurisdictions indicates that when emergencies or disasters occur, communities will suffer fewer deaths, physical injuries, and psycho-social trauma, if appropriate levels of preparedness, response mechanisms and recovery programs exist. Measuring the effects of emergencies and disasters is an ongoing challenge for The Office of Disaster Management.

5(g) Disater Management

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	405	4.50	316	89	
Other Expenditures	164		66	98	1
Total Sub-Appropriation	**569**	**4.50**	**382**	**187**	

Explanation Number:

1. Miscellaneous operating over-expenditures

Public Health

The overall goal of Public Health is to provide co-ordinated and integrated public health leadership to the service and programs of public health at the regional and provincial level. These programs provide a focus for major areas of health promotion for the identification, prevention and control of diseases that affect populations. Public Health's efforts also aim to assist government, the community, and health and public health professionals in the planning and response to public health issues and emergencies. Activities occur at the regional, provincial and national levels.

Public Health is composed of the following:

Provincial Public Health Office
Cadham Provincial Laboratory Services

The objectives were:

- To assess the health status of Manitobans.
- To prevent and control disease and promote the health of Manitobans.
- To ensure that important and emerging public health issues, including pandemic preparation, are detected, assessed and addressed, and that appropriate standards of public health practice in the monitoring, response and evaluation of health risks and issues are upheld.
- To advocate for the preservation and improvement of health, and the reduction of health disparities of Manitobans, and to assist with the improvement, protection and promotion of the health and healthy living of Manitobans through guidance to individuals, communities, organizations and governments.

The expected and actual results for 2008/09 included:

1. Improved health and reduced disparities in health status, and decreased preventable diseases and injuries for Manitobans through the prevention and control of disease and promotion of health.
   - Sir Michael Marmot, Chair of the World Health Organization Commission on the Social Determinants of Health, facilitated a discussion with legislators on the Commission's report. This marked the beginning of a partnership with Manitoba on the work being carried out in Great Britain on review of public policies relative to health inequities.

- The Manitoba Public Health Network was established to increase engagement of First Nations and Métis organizations. This facilitated dialogue on a range of topics with organizations both within and outside of the Network.
- Regular immunization programs continued to be delivered with a focus on expanded coverage.
- The annual influenza campaign was delivered in the fall.
- The Human Papillomavirus school-based immunization program was successfully launched in September to grade 6 female students. A partnership with CancerCare Manitoba was established for the evaluation of the program including linkages of databases.
- Funding support was provided to CancerCare Manitoba for the breast screening campaign.
- Processes for improvements to the inventory system for vaccines and biologics were put in place; others continue to be worked on.
- A renewed strategy for tobacco control and disease prevention was completed.
- Public Health contributed to chronic disease prevention through work in tobacco control and population based programs.
- Extensive work on promoting awareness of Lyme disease with the public and health professionals will be ongoing.
- The West Nile virus program was organized to monitor and respond to the seasonal situation, which proved to be somewhat milder in terms of cases and mosquito control in comparison to the previous year.
- Responses to numerous environmental issues, including air quality, soil toxicity, water safety, health protection in buildings and food establishments, were carried out. The Drinking Water Steering Committee was formed.
- Various disease outbreaks were managed by public health, both provincially and regionally. Support was provided by the provincial laboratory in the investigation of these outbreaks.
- Extensive work occurred in the provincial Tuberculosis Program to build regional capacity to manage cases and contacts and in clarifying roles and processes of partners in the program.
- Funding support was provided for a capacity building and education event on tuberculosis in the north.
- Numerous public education messages were provided on a variety of diseases to promote awareness and prevention.

2. Improved surveillance and analysis of public health threats.
   - Monitoring and analysis of reportable diseases continued as part of the mandate of public health. Incidences of diseases were reported through website updates and other communication mechanisms as verified and appropriate.
   - Extensive planning work occurred with Canada Infoway and Federal/Provincial/Territorial partners on Panorama, the pan-Canadian public health surveillance system, resulting in Phase 1 being launched in Manitoba in early 2009.
   - Standardization of data collection elements and processes occurred within the current surveillance system in preparation for the new national surveillance system.
   - The provincial laboratory instituted improved monitoring for bacterial cause of meningitis and urethritis and improved detection of resistant influenza strains.
   - A review of the Manitoba Immunization Monitoring System was initiated aimed at improvements in site designation and overall operations of the system.
   - Continued improvements in data sharing agreements with various organizations.

3. Up-to-date legislation to protect the health of the public.
   - Regulations under *The Public Health Act* were revised or developed to facilitate the April 1, 2009 proclamation of the Act.
   - Preparation for amendments to *The Non-Smokers Health Protection Act* were undertaken.
   - Preparatory work for the introduction of *The Testing of Bodily Fluids and Disclosure Act* was undertaken. This included a working group of public stakeholders to assist with the development of required processes and documents.

4. Accurate health information to support policy, programs and activities.
   - Designed and began implementation of a modern Laboratory Information Management System.

- Surveillance data and information was provided to regional health authorities and others to support planning and decision-making.
- Revisions to protocols for the identification and management of communicable diseases are ongoing as this is an extensive process. Five protocols were completed this year.

5. Effective and efficient public health programs and practices based on evidence.
   - Preparatory work on a Consensus Conference for Sexually Transmitted Infections (STIs) to review evidence based best practice related to STI control was undertaken.
   - Background work on evidence and best practice was routinely conducted on all of the environmental issues that required responses and action.
   - Work continued on the development of a provincial Human Immunodeficiency Virus (HIV) program and the monitoring of the healthy sexuality action plan.
   - Plans are underway for re-engineering the public health drug programs.

6. Enhanced detection of infections and infectious agents in the laboratory setting.
   - HIV point of care testing was introduced in two sites in the province.
   - Anonymous HIV testing continues to be offered as an option to individuals.
   - A more accurate method of confirmation of Chlamydia specimens was introduced, resulting in an improved detection rate.

7. Newborn and early child development enhanced within the province.
   - Immunization programs were provided that support healthy early childhood.
   - Support was provided to the National Collaborating Centre on Determinants of Health on their home visiting project.
   - Participation occurred in the planning for the regional public health educational event on core competencies. A major function of public health practitioners is newborn and early child development.
   - Work continued on the recommendations of the Maternal and Child Health Services Task Force.

8. Enhanced detection of fetal disorders.
   - Improved parameters of Congenital Adrenal Hyperplasia screening resulted in a 66% reduction on requests for repeat screening. This particular method is the first of its kind in the world and was presented at two international conferences by Cadham Provincial Laboratory scientists.

9. Preparedness plans for public health emergencies in place.
   - Extensive work, including mock exercises, occurred for avian influenza and pandemic preparedness response. This included involvements at the national and provincial level, across jurisdictions.

10. Optimal co-ordination of public health initiatives, issues, policies and outbreak response, some involving other jurisdictions.
    - Public Health led and/or participated on various federal/provincial/territorial committees within the Federal/Provincial/Territorial Public Health Network such as the Public Health Network Council, Expert Groups, and the Chief Medical Officers of Health Council. Public Health also participated in other focus areas such as Public Health Surveillance System, National Collaborating Centres, and blood services.

11. Productive collaborations among Manitoba Health and Healthy Living, government departments, the University of Manitoba, RHAs, and other organizations, for effective planning, teaching, training and research.
    - Provided extensive services to the University of Manitoba including co-ordination of two graduate level courses and co-ordination or provision of training of medical microbiology and community medicine residents. As well, participated in various planning forums with the university.
    - Ongoing involvement with the regional health authorities related to public health program areas, funding, special projects and committees, public health emergency preparedness, information sharing and other matters.

- Increased collaboration occurred throughout the year with other government departments in areas such as legislation and policy, public education, logistics for vaccine storage, drinking water, and emergency preparedness.

12. Application of public health research related to public health threats and action-oriented public health research (health indicators and determinants, etiologic, prevention and outcomes research).
    - With partners, secured over $700,000 in external research funds for a variety of research projects aimed at better understanding the health of the public.
    - Participated at the national level in the development of indicators for health disparities.

6(a) Provincial Public Health Office

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	7,968	98.45	8,467	(499)	
Other Expenditures	5,349		7,092	(1,743)	1
Vaccines	16,882		16,321	561	
External Agencies	55		67	(12)	
Total Sub-Appropriation	**30,254**	**98.45**	**31,947**	**(1,693)**	

Explanation Number:

1. Miscellaneous operating under-expenditures

6(b) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	6,659	94.78	6,057	602	
Other Expenditures	6,073		5,039	1,034	1
Total Sub-Appropriation	**12,732**	**94.78**	**11,096**	**1,636**	

Explanation Number:

1. Miscellaneous operating over-expenditures

Provincial Blood Programs Coordination Office

Provincial Blood Programs Coordination Office (PBPCO) provides collaborative leadership to the provincial blood system to facilitate effective, efficient utilization and management of blood and blood products through a multi-faceted strategy involving medical, nursing, laboratory and management professionals to ensure quality patient care at a price Manitoba can afford. On behalf of the province, PBPCO provides policy, program and budget oversight to the planning, management and operation of the Canadian Blood Services (CBS) and the Canadian Blood Agency as well as co-ordination of agencies and issues involved in and arising from the Manitoba and national blood system. PBPCO continues to directly manage and administer the Manitoba Hepatitis C Financial Assistance Program (MHCAP) and is the departmental responsibility centre for Manitoba's participation in Federal/Provincial/Territorial and Provincial/Territorial financial compensation programs for eligible individuals infected with human immunodeficiency virus and hepatitis C virus as a result of exposure to the blood supply. On behalf of the department, the PBPCO functions as the chair of the Canadian Blood Agency Corporate Board of Directors.

The objectives were:

- To co-ordinate the Manitoba Blood system, including the provision of transfusion services of blood and blood products to patients of medical practitioners and regional health authorities (RHAs) transfusing facilities province wide.

The expected and actual results for 2008/09 included:

1. Enhanced surveillance capability through the Adverse Event Reporting System.
   - Activity focused on data cleansing, verification and analysis for use by CBS, Diagnostic Services of Manitoba (DSM), RHAs, and Manitoba Health and Healthy Living (MHHL) in the development of transfusion related adverse events and injury prevention strategies.
   - Developed in collaboration with RHAs, CBS, DSM and the Blood Conservation Program a common set of reports comparing four years of data from blood bank laboratory month end inventory and Adverse Event Reporting System data. Frequency of report updates was determined to inform strategy development and refinement by DSM, CBS, RHAs and MHHL.
   - Plasma derivative products month end reporting process designed and developed in collaboration with CBS and DSM Blood Bank Charge Technologists to track and monitor plasma derivative product disposition in preparation for province wide implementation during 2009/10.

2. Provincial blood and blood products utilization strategy in place to ensure the optimal use of limited resources in a cost-effective manner.
   - Design and development of a physician managed, best practice, province wide immuno prophylaxis service at Winnipeg RHA (Health Sciences Centre) to protect premature and low birth weight infants from respiratory influenza. The service combines best practice clinical care with best practice product inventory management.
   - Design and development of a physician managed, best practice, province wide, immune globin self administration training and monitoring service for patients with primary immune deficiency who would otherwise require hospital based transfusion care.
   - Confirmation of the reduction in utilization of red blood cells and other blood products for select surgical procedures within the Winnipeg RHA as a result of pilot funding for a blood conservation program. Expansion to other facilities and services within the Winnipeg RHA planned for 2009/10.
   - Development of information for use by RHAs and DSM from the month end blood bank laboratory inventory and disposition data. This information identifies discard rates by facility, by fiscal year to enable the development of targeted strategies to reduce blood product wastage and reduce the provincial discard rate.

3. Timely and accurate response to inquiries in the Manitoba Blood System.
   - The PBPCO continues to provide timely and accurate information to external and internal stakeholders including provision of information and problem solving support for issues arising from the Manitoba Blood System.

4. Establishment of an enhanced and renewed quality assurance program for laboratory sciences to develop and monitor standards.
   - In conjunction with the College of Physicians and Surgeons of Manitoba, new standards of practice have been developed based on revisions to the pertinent bylaws of the College in order to enhance the effectiveness and efficiency of the Manitoba Quality Assurance Program. Implementation of new standards of practice commenced and continues across laboratory and diagnostic services province wide.

6(c) Provincial Blood Programs Coordination Office

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	FTE	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	173	2.00	173	-	
Other Expenditures	128		46	82	
Total Sub-Appropriation	**301**	**2.00**	**219**	**82**	

Health Services Insurance Fund

The Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long term care, home care, community and mental health and emergency medical response and transportation services. The Fund also provides direct payments to providers of insured services, and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program, and the Pharmacare Program.

Funding to Health Authorities

- Acute Care Services
- Long Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Medical Response and Transportation Services

The objectives were:

- To allocate funds to regional health authorities (RHAs) to manage and provide facility and community-based health services across the health care continuum.
- To design a service delivery system that responsively, efficiently, and effectively meets the needs of Manitobans and is balanced against the needs of affordability and sustainability.
- To provide appropriate health services, through the services of the many and varied health organizations, based on community health assessments, provincial and local objectives, and available resources.
- To require that regional health organizations comply with provincial standards of core health services.
- To ensure fiscal and program accountability by setting expectations, evaluating and reporting.

The expected and actual results for 2008/09 included:

1. Funding will provide for the efficient, effective, and appropriate delivery of core health services in Manitoba under the management of the RHAs, including: acute; long-term care; emergency medical response and transportation, including Northern Patient Transportation Program; mental health; home care; public health; primary care; and other community-based health services.
   - RHA provided health services across the province in areas of acute care, home care, community long term care, and emergency medical response and transportation.

2. Regular financial and statistical reporting, as defined by Manitoba Health and Healthy Living (MHHL), will be received and provided by the RHAs.
   - RHA compliance with reporting of data to MHHL including: Management Information Systems, monthly financial forecasts, wait times data and labour vacancy data.

3. A service delivery system that responsively, efficiently and effectively meets the needs of the various regions.
   - Offshore recruitment initiative in the Philippines occurred to meet RHA nursing labour needs.
   - Midwifery services were expanded in the province.
   - 18 new Nurse Practitioner positions were announced.
   - 20 new front-line mental health care and spiritual health care providers across the province.
   - Registered Psychiatric Nurses hired to work in five additional emergency departments across the province.

4. Collaboration with RHAs to provide appropriate health services based on community health needs assessments, provincial and local objectives, and available resources.
   - RHAs have implemented support options in community housing according to their Long Term Care strategies. Supporting individuals to remain in their communities and age in place promotes independence in daily living and maximizes overall well being and health.
   - Deer Lodge Program of Integrated Managed-care for the Elderly (PRIME) opened.

5. Regional Health organizations compliant with provincial standards of core health services.
   - RHAs participated in Personal Care Home Standards visits and the development of action plans to ensure that all the standards are met over time.
   - RHAs and CancerCare Manitoba continue to establish policies and procedures in order to actively participate in and meet the legislative requirements for the reporting and management of critical incidents.
   - RHAs and other land ambulance operators, air ambulance operators and stretcher car services participated in inspections and implemented action plans to ensure compliance with standards.

6. Fiscal and program accountability, including ongoing monitoring of services provided in the regions.
   - RHA Annual Reports and Audited Financial Statements completed and submitted to the department.
   - RHA compliance with reporting requirements under *The Regional Health Authorities Act* including: Audits, Regional Health Plan and Community Health Assessment.
   - Annual Audit of Health Services Insurance Fund (HSIF) completed by Office of the Auditor General.

7(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Acute Care Services	1,848,002	1,831,737 *	16,265	1
Long Term Care Services	514,345	475,487	38,858	2
Home Care Services	265,266	243,800	21,466	2
Community and Mental Health Services	192,451	186,013	6,438	2
Emergency Response and Transport Services	53,669	53,560	109	
Third Party Recoveries	(9,199)	(9,109)	(90)	
Reciprocal Recoveries	(52,480)	(38,879)	(13,601)	3
Recoverable from Urban Development Initiative	(2,000)	(2,000)	-	
Total Sub-Appropriation	**2,810,054**	**2,740,609**	**69,445**	

* includes enabling appropriation for Wait List Initiatives

Explanation Number:

1. *Primarily due to MNU - 4th place Arbitration, and price and volume increases, offset by net distribution of the 2008/09 funding within 21-7A and under expenditures in Construction Programming - Interest.*
2. *Primarily due to a net distribution of the 2008/09 funding within 21-7A.*
3. *Primarily due to increases in interprovincial reciprocal rates and volumes*

Provincial Health Services

Provincial Health Services is composed of the following:

Hospital – Out of Province

The objectives were:

- To provide payment to residents of Manitoba for insured hospital services required while they are temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.

The expected and actual results for 2008/09 included:

1. The portability of benefits under *The Canada Health Act* is upheld and fulfilled through Inter-provincial reciprocal billing arrangements.
   - The requirement of portability of benefits under *The Canada Health Act* was fulfilled.

Blood Transfusion Services

The objectives were:

- To provide funding for Manitoba's share of the operating cost of the Canadian Blood Services, which is responsible for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec).
- To provide funding for unique-to-Manitoba transfusion-related laboratory testing services by Canadian Blood Services.
- To ensure funding and distribution of adequate, safe and affordable fractionated and/or blood derivative products to Manitoba facilities, physicians and patients.
- To provide funding for Manitoba's commitment to the Multi Provincial Territorial Assistance Plan (MPTAP) for financial compensation for Manitobans living with HIV as a result of contact with the blood supply.

The expected and actual results for 2008/09 included:

1. Timely delivery of safe, reliable and affordable quality blood products and services to RHAs, facilities and physicians.
   - Provincial Blood Programs Office continues to work with Canadian Blood Services and other Provinces/Territories to ensure the continued availability of high quality blood and blood products in a cost conscious manner.

2. Timely and accurate provision of financial assistance to Manitobans eligible for the MPTAP.
   - Provincial Blood Programs Office provided timely and accurate information to Manitobans eligible for MPTAP.

3. Timely and accurate response to inquiries regarding issues related to the blood system.
   - Provincial Blood Programs Office provided timely and accurate information to external and internal stakeholders.

Federal Hospitals

The objectives were:

- To provide funding for services in two federal hospitals and 18 federal nursing stations.

The expected and actual results for 2008/09 included:

1. Two federal hospitals and 18 federal nursing stations are funded for services provided.
   - Funding for service provision was provided.

Prosthetic and Orthotic Devices

The objectives were:

- To provide funding assistance to persons of all ages who have physical disabilities and require devices to improve their ability to function, as prescribed under *The Health Services Insurance Act*.

The expected and actual results for 2008/09 included:

1. Financial assistance provided to eligible Manitobans who have physical disabilities and require assistive devices to improve their ability to function.

- Financial assistance for the purchase of assistive devices was provided to over 36,000 eligible Manitobans at a total cost of $10.7 million, which represents an increase of $1.57 million or 17% over 2007/08 expenditures. (unaudited as of April 29, 2009).

Healthy Communities Development

The objectives were:

- To refocus health care system resources to more appropriate and less costly alternatives, with a particular emphasis on prevention and health promotion; and to bridge the transitions through the Healthy Communities Development Fund.

The expected and actual results for 2008/09 included:

1. Development of a more effective and affordable health care system through the funding of initiatives.
   - Investments in a number of initiatives designed to promote an effective and sustainable health care system such as the Physician Integrated Network project, Aboriginal Health Transition Fund and the Manitoba Patient Access Network.

Nursing Recruitment and Retention Initiative

The objectives were:

- To attract and retain Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses to Manitoba, through relocation assistance, grants, financial incentives and other strategies.

The expected and actual results for 2008/09 included:

1. Improved supply of nurses in Manitoba, and increased interest in Nursing as a profession through incentive programs and marketing strategies.
   - As of March 31, 2009, the Nursing Recruitment Retention Fund (NRRF) provided relocation assistance to a total of 1,091 individuals who moved to Manitoba to work as nurses
   - The Conditional Grant Program provided over $1.0 million to recruit nurses to rural and northern regional health authorities (RHAs) and to retain Manitoba nursing graduates in the province. As of March 31, 2009, 384 rural and northern vacancies were filled through the Conditional Grant Program.
   - The Personal Care Home (PCH) Grant, which began January 1, 2008, can be received in conjunction with other financial assistance from the NRRF, such as Conditional Grants and Relocation Assistance. Since the inception of the PCH Grant, 57 vacancies in PCHs have been filled as of March 31, 2009.
   - In January 2009, the NRRF provided a $2,000 grant to 21 Internationally Educated Nurses Grant to assist them with the costs associated with the registered nurse bridging program at Red River College.
   - The NRRF allocated more than $9.7 million to the regional health authorities to support ongoing education for nurses as of the 2008/09 fiscal year. The NRRF also allocated "one-time" funding of more than $3.5 million to support a range of specialty nursing programs and projects within the province.

Physician Resource Coordination Office

The objectives were:

- To support a balanced, effective, and efficient physician recruitment strategy in Manitoba that recognizes the needs of the province as well as the needs of individual RHAs.

The expected and actual results for 2008/09 included:

1. Improve the co-ordination of recruitment and retention activities in Manitoba that will contribute to an improvement in the supply of physician resources.

- Created structures that promote regular, frequent and inclusive communication between the Physician Resource Coordination Office (PRCO); regional health authorities; the Office of Rural and Northern Health; the University of Manitoba, Faculty of Medicine; the College of Physicians and Surgeons of Manitoba; and other community stakeholders.
- Identified challenges and co-ordinated solutions aligned to regional needs, leading to improved transparency in stakeholder processes.
- Facilitated identifying gaps leading to improvements in foreign medical graduate licensure processes.
- Direct co-ordination of regional recruitment efforts.
- The PRCO continues to work through this network to identify further efforts in order to effectively target physician recruitment and retention.
- The College of Physicians and Surgeons Annual Report notes an increase in the number of physicians in Manitoba, from 2,272 in 2007 to 2,325 in 2008, demonstrating an improvement in the recruitment of physicians.
- Work continued on the healthemployment.ca website to improve the functionality of the website and the timeliness of information being posted.

7(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Out-of-Province	45,778	30,933	14,845	1
Blood Transfusion Services	57,603	51,413	6,190	2
Federal Hospitals	1,729	2,168	(439)	
Prosthetic and Orthotic Devices	10,722	9,383	1,339	3
Healthy Communities Development	6,681	4,029	2,652	4
Nursing Recruitment and Retention Initiatives	3,697	2,180	1,517	3
Total Sub-Appropriation	**126,210**	**100,106**	**26,104**	

Explanation Number:

1. *Primarily due to increases in interprovincial reciprocal rates and volumes*
2. *Primarily due to expenditures for the National Facilities Redevelopment Plan*
3. *Miscellaneous price and volume increases*
4. *Primarily due to expenditures for the Aboriginal Health Transition fund, offset by delays in projects*

Medical

The Medical Program provides payment to physicians, optometrists, chiropractors, licensed dentists, certified oral surgeons and maxillofacial surgeons. Payment is generally made on a fee-for-service basis in accordance with a Schedule of Benefits, which reflects agreements negotiated between Manitoba Health and Healthy Living and the various professional associations.

The objectives were:

To provide insurance in respect of the costs of medical and other health services for the health and well-being of the residents of Manitoba.

The expected and actual results for 2008/09 included:

1. Claims will be processed and paid in accordance with *The Health Service Insurance Act* to medical practitioners, optometrists, chiropractors and dental surgeons.
   - 10.6 million claims for approximately 19.5 million services were processed and paid to medical practitioners, optometrists, chiropractors, registered nurses extended practice and dental surgeons.

- 19.2 million physician services, 195,374 optometric services, 936,171 chiropractic services, 2,541 oral surgeon services and 39,102 registered nurse extended practice services were paid.

7(c) Medical

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Physician Services	789,101	782,466 *	6,635	1
Other Professionals	17,077	17,252	(175)	
Out of Province Physicians	23,708	21,773	1,935	1
Other	15,413	23,738	(8,325)	2
Third Party Recoveries	(5,416)	(5,929)	513	
Reciprocal Recoveries	(13,027)	(10,993)	(2,034)	3
Total Sub-Appropriation	**826,856**	**828,307**	**(1,451)**	

* includes enabling appropriation for Wait List Initiatives

Explanation Number:

1. *Primarily due to price and volume increases.*
2. *Primarily due to a net distribution of the 2008/09 funding within 21-7C.*
3. *Higher number and average cost per claim.*

Pharmacare

Pharmacare is an income based drug benefit program that helps protect Manitobans from high drug costs and provides 100% financial assistance for eligible prescription drugs once a preset deductible is met. Pharmacare has no enrollment fees, maximum benefit payments, co-payments, premiums or age restrictions.

The objectives were:

- To fund prescribed pharmaceutical benefits subject to *The Prescription Drugs Cost Assistance Act and Regulations* and *The Pharmaceutical Act and Regulations* to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

The expected and actual results for 2008/09 included:

1. Reimbursement provided to beneficiaries and pharmacies for eligible prescription expenses covered under the program.
   - The average Pharmacare benefit per family for 2008/09 increased $166.34 or 6.5% to $2,726.82 (unaudited as of May 2009) from $2,560.48 for 2007/08.
   - The Pharmacare deductible rates were as follows: 2.69% for families with total adjusted income up to $15,000 (minimum of $100 deductible is applicable), 4.02% for families with total adjusted income greater than $15,000 and less than or equal to $40,000, 4.63% for families with total adjusted income greater than $40,000 and less than or equal to $75,000 and 5.79% for families with total adjusted income greater than $75,000. Total family income is reduced by an adjustment of $3,000 for spouse and for each dependent less than 18 years of age, where applicable.
   - The average number of prescriptions per family at 38.1 for 2008/09 was 2.3% higher than 2007/08 at 37.2.

2. An improved electronic transfer process implemented with Canada Revenue Agency for verifying incomes during the processing of Pharmacare enrollment applications.
   - The first phase of an electronic transfer process for verifying incomes during the processing of Pharmacare enrollment applications has been completed and will be implemented for the April 1, 2009/10 benefit year.

7(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures	229,257	228,226	1,031	1
Total Sub-Appropriation	**229,257**	**228,226**	**1,031**	

Explanation Number:

1. Primarily due to price and volume increases.

Addictions Foundation of Manitoba

The Addictions Foundation of Manitoba (AFM), along with other service providers and Manitoba Health and Healthy Living (MHHL), delivers initiatives under one of the seven pillars of the MHHL mandate, which is to reduce substance abuse through strategies aimed at addictions. AFM contributes to the health and wellbeing of Manitobans by addressing the harms associated with addictions through education, prevention, rehabilitation and program evaluation.
The Foundation's expenditures are contained in a separate AFM Annual Report.

Addictions Foundation of Manitoba is composed of the following:

Program Delivery (Alcohol and Other Drug Services)

The objectives were:

- To provide a range of programs and services in the Province of Manitoba to reduce the harms associated with alcohol, tobacco and other drug misuse.

The expected and actual results for 2008/09 included:

1. Reduced involvement or harm with alcohol, and other drugs.
   - There were a total of 15,937 program admissions to Alcohol and Other Drug Programs for Adults and 2,503 for Youth Services in 2008/09. A number of strategies were implemented to offer more timely access to programming and to ensure the services offered are relevant and meaningful to those seeking help. Program changes include:
     - James Toal Centre (Winnipeg):
       - New initiative provided services to adult 'at risk' clients with unique needs; clients who have co-occurring issues (mental health, gambling and substance use) are prioritized for entry.
       - Offered additional group sessions and one-on-one counselling sessions to increase access to the 10 week program. Groups sessions were added to the Coming to Terms program.
       - Through the new Links program the waitlist was shortened and a support group was available to those on the waitlist for intensive programs.
     - A third Women's Intake/Assessment Counsellor was hired to increase the number of clients in the day program in Winnipeg called Women Invested in Sobriety, Empowered in Recovery.
     - Youth Services Clinical Team (Winnipeg) implemented a new service delivery model for their intake process and groups. The model included a weekly intake day.
     - Reduced wait times and increased show rates for clients in the Parent Intervention Program.
     - Increased capacity at Parkwood (Brandon) for adult alcohol and other drugs clients and an additional transition group provided services while completing a triage into the next available service.
     - AFM School Based Programs for youth provided on-site education/assessment and counselling, information and support services to students and their parents at 24 schools located in Winnipeg and 40 throughout the rest of the province.

- James Toal Centre (Winnipeg), River House (Winnipeg), Polaris Place (Thompson), Parkwood (Brandon) and Willard Monson House Residential (Ste. Rose du Lac) rehabilitation services were opened during the summer months in response to service needs.

2. Improved physical/psychological health.
   - Women Invested in Sobriety, Empowered in Recovery and River House client groups were offered educational sessions including topics such as nutrition, female sexuality and body image.
   - An Acupuncture Pilot Project was offered twice a week by program counsellors who had been trained in Auricular Acupuncture.
   - Parkwood staff worked closely with a coalition of Brandon service providers and Canadian Forces Base Shilo staff to develop new and better resources for those dealing with occupational stress and substance abuse. A weekly support group was co-facilitated by staff from AFM and the Department of National Defense.
   - The Chronic Disease Prevention Initiative in the Burntwood Region was completed. This included educational sessions and supports in the areas of diabetes, smoking, nutritional health and fitness to clients while in residential treatment engaging them to look at the health concerns related to their abuse of substances.

3. Improved family and/or social functioning.
   - The Family/Affected Programs provided education and counselling to 705 individuals throughout Manitoba during 2008/09.
   - Family sessions for the residential clients at Parkwood (Brandon) were re-developed.
   - Family Program staff (Winnipeg) conducted a pilot of a Trauma Group for clients wanting to further explore the impact of trauma on their lives and to resolve trauma issues to maximize healthy functioning.
   - Family therapists worked with all family members simultaneously, including the problem users, within the Winnipeg Family, River House, James Toal Centre, and the Youth Residential and Community Based Programs. Bilingual services were available in the Winnipeg area.
   - Youth Family Therapists (Winnipeg) offered a Parent Intervention Program follow-up group on a monthly basis. Parents who attended were invited to one evening session to continue exploring parenting strategies.

4. Improved employment and/or vocational/educational functioning.
   - Success in a methadone maintenance treatment program such as Opiate Dependency and Addictions Clinic is measured by improvements in the clients' life situation. This includes better employability and employment, improved health and self care, and improved family relationships and living situations. The clinic provided service to clients from all areas outside of Winnipeg.
   - In Brandon, clinic staff worked closely with outside agencies including Mental Health, Correction Services, and Social Assistance.

5. Reduced involvement with criminal justice system.
   - Counsellors assisted clients coming from the justice system to develop strategies to help address substance use in the short and long-term so that negative impact can be avoided.
   - AFM partnered with Youth Justice in Brandon, Thompson and Winnipeg. Youth on probation received assessments and individual and group counselling services.
   - The Winnipeg Youth Justice Project continued to provide services to clients at two Winnipeg high-risk youth probation offices. A Rehabilitation Counsellor in the Justice Project facilitated a group session to high-risk youth at the Manitoba Youth Centre as part of "The Good Life" program.
   - In Brandon, the Youth Worker used motivational interviewing which has resulted in movement towards the contemplation/preparation stage.
   - Northern region jail staff received training and support in providing the "Coming to Terms" program to inmates of the provincial jail in The Pas. The project has been undertaken across the province.
   - A total of 1,870 individuals accessed the AFM Impaired Driver Program's program in 2008/09.

6. Improved competencies at the community level for taking action in addressing and/or preventing alcohol and other drug problems in the promotion of healthier living.
   - Partnered with Aboriginal agencies to deliver youth outreach services.
   - Contracted with the Fédération des ainés franco-manitobains for the development of a play to reach French-speaking seniors.
   - Actively involved on the Manitoba Addictions Awareness Week (MAAW) Committee through staff representation from various areas of the province; staff provided community workshops and school presentations in their area.
   - Co-ordinated the development and publication of the 2008/09 bilingual MAAW resource kit, which was distributed to all Manitoba schools, selected community groups, workplaces and AFM library patrons.
   - Partnered with Cocaine Anonymous and Alcoholics Anonymous to provide speakers in Winnipeg Community-Based and Youth Residential facility programs.
   - As a member of the Brandon Drug and Alcohol Coalition, facilitated the direction and utilization of funding received by the Brandon Drug & Alcohol Coalition.
   - Partnered with the Brandon School Division to hire a co-ordinator for youth prevention initiatives in schools and the community.
   - Involved in the outreach service through the "Circle of Youth" in Thompson.
   - Partnered with regional health authorities throughout Manitoba to increase the capacity to provide services to Manitobans with co-occurring mental health and substance use and/or gambling issues.
   - Collaborative Services Agreement signed with Burntwood Regional Health Authority. Collaborative case management models are being explored with allied providers in the northern Region.
   - James Toal Centre, Women's Centre and the Methadone Intervention and Needle Exchange Program (Winnipeg) staff met regularly with the Health Sciences Centre Addictions Unit to meet the needs of opiate dependent clients.

7. Improved community health through the prevention, reduction, and/or elimination of alcohol and other drug problems.
   - Targeted public awareness workshops, display booths and various prevention education events to increase the understanding of the general public, media and professionals on current issues.
   - Community Prevention Programs offered 75 standardized courses throughout Manitoba to allied professionals and individuals interested in increasing knowledge of addiction issues.
   - Workplace Services Unit and the Drug Testing Program developed partnerships with local companies surrounding policies and protocols on drug and alcohol testing.
   - Prevention Education Consultants and Community Addiction Workers:
     - Facilitated the delivery of Co-occurring Disorders training workshops in all regions.
     - Trained health care and social service professionals in the assessment of addictions.
     - Provided training and staff development for community partners.
     - Planned the Soaring Eagle Conference co-ordinated through the T.J. Wiebe Foundation for the Frontier School Division.
     - Facilitated workshops in partnership with the Adult Impaired Drivers Program and Manitoba Public Insurance Corporation for youth involved in Teens Against Drunk Driving.
     - Delivered alcohol, other drugs and gambling presentations to parents and youth in four communities with the Health Centres in Labroquerie and Sainte-Agathe.
   - Northern Region Community Based Services team began monthly visits to Leaf Rapids, Lynn Lake and Gillam, including Telehealth sessions through the Leaf Rapids Health Center.

8. Enhanced knowledge and understanding of the prevalence, risks, effects of alcohol, and other drug abuse.
   - Responded to and communicated trends using the AFM website, newsletters, magazine articles, drug fact sheets and brochures, and Interagency communication conferences.
   - Safer Choices Program expanded from the Flin Flon and The Pas areas to Thompson.
   - An annual report of statistics on substance use and abuse, gambling and co-occurring issues was compiled as part of the Canadian Community Epidemiology Network on Drug Use.

- Library resources and services were used to develop, support and enrich AFM's programming and to provide support to communities, schools and workplaces throughout the province.
- Strategically linked the library's collection to user groups, including the general public, educators, students, health care and social service providers, and employee assistance programs.
- The Library's On-line Public Access Catalogue has information about the library's entire collection through the World Wide Web.
- In-depth library orientations, conference and workshops promoted resources and services.

9. Improved skill in the identification, recognition, intervention, rehabilitation, and referral of individuals experiencing problems with alcohol and other drugs.
   - Workforce development training provided to allied professionals from group/agencies such as: Anchorage; St. Raphael; Main Street Project; New Directions; Justice Manitoba; Child and Family Services; Co-occurring Mental Health and Substance Use Disorders Initiative through the Winnipeg Regional Health Authority; Manitoba Liquor Control Commission; Manitoba Public Insurance Corporation; Partners Seeking Solutions with Seniors; MHHL; and the University of Manitoba, Faculty of Pharmacy.
   - Three new physicians were trained in the Winnipeg Methadone Intervention and Needle Exchange Program while working to receive their Manitoba Methadone License.
   - Family Therapist presented on Family Centred Practice and a Prevention staff participated on a panel highlighting the Manitoba School Based Services model at the Western Canadian Youth and Families Addictions Conference in Vancouver, British Columbia.

Problem Gambling Services

The objectives were:

- To provide a range of programs and services for individuals and communities; to reduce the harm associated with gambling, including problem gambling awareness; prevention; intervention; and, treatment for gamblers and their families.

The expected and actual results for 2008/09 included:

1. Increased community awareness of gambling issues, in order to improve competencies at the community level for taking action in addressing, and/or preventing gambling related problems.
   - The AFM provided 899 program service units to 538 individuals in the gambling programs.
   - The new getgamblingfacts.ca website, released in the Fall 2008 is written in five languages: English, French, Filipino, and Chinese (Simplified and Traditional).
   - A play called, "A Cup of Hope" was performed at the World Elder Abuse Day and was sponsored by AFM, Age and Opportunity, and the Manitoba Vietnamese Seniors Association. The play focused on an older man from Vietnam who developed a gambling problem and was performed in the Vietnamese language. The day of activities included a mini social services and health information fair.
   - "Spent the Rent" ad campaign aimed at the 18-24 year old age group ran for six weeks in February and March. The campaign consisted of print and billboard ads promoting the getgamblingfacts.ca website. The print ads ran in most university and college newspapers and major daily papers (Winnipeg and Thompson).The billboards were located in Winnipeg, Brandon, Dauphin and The Pas.
   - AFM operated Responsible Gaming Information Centres in the McPhillips Street Station and Club Regent Casinos (Winnipeg) and provided training and information to other provinces. AFM staff provided on-site education, support and referral to counselling.
   - Developed a new Touch Screen Program for the Responsible Gaming Information Centers used as a teaching tool by AFM staff in the casinos with the patrons.

2. Increased skills of professionals/para-professionals in identifying individuals requiring help, and referring them to the appropriate resource.
   - An agreement between AFM and Klinic Community Health Centre, to provide after hours Gambling Helpline call pick-up, resulted in Klinic staff being trained to respond to callers on the Problem Gambling Helpline.
   - AFM and Manitoba Lotteries Corporation partnered to train staff at all lottery retail sites in Manitoba to help retailers be aware of responsible gambling practices and problem gambling resources.
   - Thirty-three Customer Assistance Training sessions were conducted provincially with casino, restaurant and bar staff to increase awareness and provide intervention tools for those encountering problem gamblers. The Player Information Booklet was revised and is available to all hotels and restaurants with on-site video lottery terminals.
   - Problem gambling services in Thompson were augmented with the addition of a Community Financial Counselling Services Counsellor to establish a closer, accessible resource for those with debt associated with problem gambling and to support clients working with AFM staff. This position services all northern communities.

3. Increased knowledge on the risks of gambling for adolescents throughout the Province, to assist them in making better decisions.
   - Keeping Your Shirt On/Keeping Your Spirit Strong, was offered to 106 high schools throughout the province with 1,396 people attending.
   - The Lucky Day Program was offered to 301 schools with 4,165 students participating in grades 7 through 9. The program is designed to increase awareness in youth by providing them with information about gambling myths and facts.

4. Increased knowledge through population surveys of the incidence of problem gambling in the province, generally and in select populations.
   - The Manitoba Student Gambling Report Summary 2007 was released in November 2008.
   - Manitoba Student and Adult gambling rates were released at the Provincial Gambling Conference at the McPhillips Street Casino in December 2008.
   - A special edition of the Inside View newsletter focusing on youth gambling (entitled Manitoba students report more gambling via internet and computer video games) was printed and distributed to 800 subscribers and posted on the AFM website.
   - Parkwood Gambling Program evaluation was released in December 2008. A poster was developed and shared with attendees at the University of Manitoba's Applied Health Sciences Research Day. The project was well received and was a runner-up to the first prize out of approximately thirty posters.

8 Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Program Delivery	**17,644**	17,757	(113)	
Problem Gambling Services	**1,919**	1,919	-	
Third Party Recoveries	**(1,599)**	(1,599)	-	
Recoveries from Manitoba Lotteries Corporation	**(2,125)**	(2,125)	-	
Total Sub-Appropriation	**15,839**	**15,952**	**(113)**	

Capital Funding

Provides funding to health authorities for principal repayment on approved borrowing, equipment purchases, and other capital expenditures.

The objectives were:

- To manage funding for capital projects, specialized equipment, and basic equipment approved by the Department for Regional Health Authorities (RHAs), Diagnostic Services of Manitoba, and CancerCare Manitoba through the provision of principal repayment on approved borrowing, outright capital payments, and outright equipment purchases.

The expected and actual results for 2008/09 included:

1. Acquisition, construction, and renovation of physical assets and information technology to support the infrastructure of the health care system in accordance with the Manitoba Health and Healthy Living Capital Plan.
   - Acquisition, construction, and renovation of physical assets for capital and equipment approved expenditures funded through approved borrowings resulted in estimated approved expenditures in excess of $110,000,000 in 2008/09 to support the infrastructure of the health care system in accordance with the Manitoba Health and Healthy Living Capital Plan.
   - Funds provided on an outright basis for the acquisition, construction, and renovation of physical assets to support the infrastructure of the health care system in accordance with the Manitoba Health and Healthy Living Capital Plan decreased by $200.5 from $5,351.2 in 2007/08 to $5,150.7 in 2008/09.

2. Acquisition of specialized and basic equipment to support critical care, surgical, medical, diagnostic services, and community programs in accordance with prioritized needs of RHAs, Diagnostic Services of Manitoba, and CancerCare Manitoba and approved funding provisions.
   - Funds for the acquisition of basic equipment on an outright basis for RHAs, Diagnostic Services of Manitoba, and CancerCare Manitoba increased by $3,262.4 from $12,349.7 to $15,612.1.
   - Funds for the acquisition of specialized equipment through Federal Funding provisions decreased by $3,000.1 from $12,100.1 to $9,100.0.
   - Overall, the funds provided for the acquisition of specialized and basic equipment to support critical care, surgical, medical, and diagnostic services increased by $262.3.0 from $24,449.8 in 2007/08 to $24,712.1 in 2008/09.

3. Principal repayment of long-term debt supporting capital and equipment approved expenditures.
   - Principal repayment of approved borrowings for capital and equipment approved expenditures has increased by $4,437.7 from $59,590.1 in 2007/08 to $64,027.8 in 2008/09 as the result of the acquisition, construction, and renovation of physical assets to support the health care system.

9(a) Principal Repayments

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	48,628	49,686	(1,058)	1
Long Term Care	13,092	13,204	(112)	
Community and Mental Health Services	1,903	1,138	765	
Total Sub-Appropriation	**63,623**	**64,028**	**(405)**	

Explanation Number:

1. Primarily due to fewer number of projects offset by increase in one-time payments.

9(b) Equipment Purchases and Replacements

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	27,957	24,027 *	3,930	1
Long Term Care	5,576	2,362	3,214	2
Total Sub-Appropriation	**33,533**	**26,389**	**7,144**	

* includes enabling appropriation for Wait List Initiatives

Explanation Number:

1. *Primarily due to increase in one-time payments offset by lower Federal Equipment funding.*
2. *Increase in one-time payments.*

9(c) Other Capital

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	3,170	3,751	(581)	
Long Term Care	2,047	1,400	647	
Total Sub-Appropriation	**5,217**	**5,151**	**66**	

Costs Related to Capital Assets

Provides for the amortization of capital assets, and for interest expense related to capital investment borrowing.

The objectives were:

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

The expected and actual results for 2008/09 included:

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
   - Amortization of the cost of assets over the useful life of the asset was done in accordance with pre-established timelines.

2. The payment of interest expense on capital investment borrowing.
   - The interest expenses related to capital investment borrowing was paid in accordance with pre-established timelines.

10 Costs Related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2008/09 $(000's)	Estimate 2008/09 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Desktop Services	210	425	(215)	
Amortization Expense	3,307	3,026	281	
Interest Expense	841	886	(45)	
Total Sub-Appropriation	**4,358**	**4,337**	**21**	

Capital Investment

The objectives were:

- To ensure Health's Capital Investment Authority reflects the costs for priority health information technology capital initiatives.
- The acquisition of medical related equipment.

The expected and actual results for 2008/09 included:

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
   - The Cadham Provincial Laboratory (CPL) Laboratory Information Management Systems projects began in 2008/09 with scheduled completion date of March 2010. The benefits to CPL will be in operational efficiencies gained by improved utilization of existing resources. The long term benefits will be improved daily service delivery, outbreak response, program planning and evaluation, and policy analysis.

2. Provision of technology solutions that address health priorities.
   - Capital Projects, related to technology solutions that had been planned for 2008/09, were deferred to 2009/10.

3. Upgraded medical equipment.
   - Manitoba Health and Healthy Living acquired new medical equipment to replace obsolete equipment and improve efficiency in areas where capital investments have been made.

Financial Report Summary Information

Part 1

Manitoba Health and Healthy Living
Reconciliation Statement
April 1, 2008 – March 31, 2009

DETAILS	2008/09 ESTIMATES ($000s)
2008/09 Main Estimates:	4,133,022 (1)
Allocation of Funds from: Enabling Appropriations	37,140
2008/09 Estimates:	**4,170,162**

(1) *Although included in the above Estimate, details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.*

Manitoba Health and Healthy Living
Expenditure Summary
for fiscal year ended March 31, 2009

Estimate 2008/09 $(000s)		Appropriation	Actual (1) 2008/09 $(000s)	Actual (2) 2007/08 $(000s)	Increase (Decrease) $(000s)
	21-1	**Administration, Finance and Accountability**			
90	21 1a	Ministers' Salaries	91	84	7
	21-1b	Executive Support			
1,210		1 Salaries and Employee Benefits	1,235	1,224	11
234		2 Other Expenditures	201	217	(16)
	21-1c	Finance			
5,464		1 Salaries and Employee Benefits	5,245	4,978	267
1,572		2 Other Expenditures	1,419	1,494	(75)
	21-1d	Central Services			
2,524		1 Salaries and Employee Benefits	2,299	2,186	113
320		2 Other Expenditures	380	319	61
538		3 External Agencies	376	398	(22)
11,952		**Total Appropriation 21-1**	**11,246**	**10,900**	**346**
	21-2	**Corporate and Provincial Program Support**			
	21-2a	Administration			
207		1 Salaries and Employee Benefits	219	244	(25)
54		2 Other Expenditures	59	48	11
	21-2b	Information Systems			
4,153		1 Salaries and Employee Benefits	3,989	3,921	68
954		2 Other Expenditures	718	888	(170)
4,778		3 Provincial Program Support Cost	4,709	4,213	496
65		4 External Agencies	-	45	(45)

Manitoba Health and Healthy Living
Expenditure Summary
for fiscal year ended March 31, 2009

Estimate 2008/09 $(000s)		Appropriation	Actual (1) 2008/09 $(000s)	Actual (2) 2007/08 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-2c	Provincial Drug Programs				
2,376		1 Salaries and Employee Benefits	2,052	2,047	5	
537		2 Other Expenditures	498	567	(69)	
	21-2d	Corporate Services				
1,207		1 Salaries and Employee Benefits	1,189	1,076	113	
751		2 Other Expenditures	697	622	75	
	21-2e	Capital Planning				
818		1 Salaries and Employee Benefits	599	687	(88)	
208		2 Other Expenditures	140	146	(6)	
	21-2f	Drug Management Policy Unit				
482		1 Salaries and Employee Benefits	401	408	(7)	
183		2 Other Expenditures	157	203	(46)	
93		3 External Agencies	93	91	2	
	21-2g	Manitoba Centre for Health Policy				
2,100		1 Other Expenditures	2,100	1,850	250	
18,966		**Total Appropriation 21-2**	**17,620**	**17,056**	**564**	
	21-3	**Health Workforce**				
	21-3a	Insured Benefits				
5,618		1 Salaries and Employee Benefits	5,177	5,543	(366)	
2,050		2 Other Expenditures	2,238	2,064	174	
	21-3b	Medical Labour Relations				
1,078 *		1 Salaries and Employee Benefits	1,012	998	14	
1,032 *		2 Other Expenditures	942	824	118	
946		3 External Agencies	524	894	(370)	

Manitoba Health and Healthy Living
Expenditure Summary
for fiscal year ended March 31, 2009

Estimate 2008/09 $(000s)			Appropriation	Actual (1) 2008/09 $(000s)	Actual (2) 2007/08 $(000s)	Increase (Decrease) $(000s)	Expl. No.
		21-3c	Workforce Policy and Planning				
817	*		1 Salaries and Employee Benefits	736	714	22	
153	*		2 Other Expenditures	732	164	568	
11,694			**Total Appropriation 21-3**	**11,361**	**11,201**	**160**	

* includes enabling appropriation for Wait Time Initiatives

		21-4	**Primary Care and Healthy Living**				
		21-4a	Administration				
491			1 Salaries and Employee Benefits	410	695	(285)	
290			2 Other Expenditures	352	315	37	
		21-4b	Emergency Medical Services				
1,116			1 Salaries and Employee Benefits	1,199	1,079	120	
6,553			2 Other Expenditures	6,947	5,194	1,753	1
23			3 External Agencies	19	15	4	
		21-4c	Healthy Living and Healthy Populations				
915			1 Salaries and Employee Benefits	756	709	47	
6,497			2 Other Expenditures	4,825	5,026	(201)	
1,011			3 External Agencies	1,036	714	322	
		21-4d	Aboriginal Health				
288			1 Salaries and Employee Benefits	197	214	(17)	
321	*		2 Other Expenditures	345	378	(33)	
		21-4e	Chronic Disease Management				
439			1 Salaries and Employee Benefits	676	544	132	
737			2 Other Expenditures	1,619	810	809	

Manitoba Health and Healthy Living

Expenditure Summary

for fiscal year ended March 31, 2009

Estimate 2008/09 $(000s)		Appropriation	Actual (1) 2008/09 $(000s)	Actual (2) 2007/08 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-4f	Primary Care				
551		1 Salaries and Employee Benefits	476	415	61	
137		2 Other Expenditures	178	188	(10)	
168		3 External Agencies	168	165	3	
	21-4g	Northern Nursing Stations				
1,753		1 Salaries and Employee Benefits	1,545	1,353	192	
1,545		2 Other Expenditures	2,291	2,099	192	
22,835		**Total Appropriation 21-4**	**23,039**	**19,913**	**3,126**	

* includes enabling appropriation for First Nations Healthy Living Initiatives

Explanation Number:

1. Primarily due to increased funding for the Primary Care Paramedic program.

	21-5	**Regional Affairs**				
	21-5a	Administration				
294		1 Salaries and Employee Benefits	306	256	50	
58		2 Other Expenditures	61	54	7	
	21-5b	Mental Health and Addictions				
723		1 Salaries and Employee Benefits	570	600	(30)	
750		2 Other Expenditures	732	854	(122)	
8,405		3 External Agencies	8,405	7,318	1,087	1
	21-5c	Chief Provincial Psychiatrist				
294		1 Salaries and Employee Benefits	326	275	51	
66		2 Other Expenditures	52	82	(30)	
	21-5d	Urban Regional Support				
2,003 *		1 Salaries and Employee Benefits	1,897	1,998	(101)	
489 *		2 Other Expenditures	530	492	38	
685		3 External Agencies	685	674	11	

Manitoba Health and Healthy Living
Expenditure Summary
for fiscal year ended March 31, 2009

Estimate 2008/09 $(000s)		Appropriation	Actual (1) 2008/09 $(000s)	Actual (2) 2007/08 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-5e	Northern and Rural Support				
753		1 Salaries and Employee Benefits	627	608	19	
212		2 Other Expenditures	171	166	5	
	21-5f	Selkirk Mental Health Centre				
27,841		1 Salaries and Employee Benefits	27,265	24,593	2,672	2
5,393		2 Other Expenditures	4,152	4,780	(628)	
	21-5g	Disaster Management				
316		1 Salaries and Employee Benefits	405	370	35	
66		2 Other Expenditures	164	101	63	
48,348		**Total Appropriation 21-5**	**46,348**	**43,221**	**3,127**	

* includes enabling appropriation for Wait List Initiatives

Explanation Number:

1. *Primarily due to new grant funding.*
2. *Primarily due to increase for Acquired Brain Injury program.*

	21-6	**Public Health**				
	21-6a	Provincial Public Health Office				
8,467		1 Salaries and Employee Benefits	7,968	7,473	495	
7,092		2 Other Expenditures	5,349	5,666	(317)	
16,321		3 Vaccines	16,882	12,679	4,203	1
67		4 External Agencies	55	55	-	
	21-6b	Cadham Provincial Laboratory Services				
6,057		1 Salaries and Employee Benefits	6,659	5,981	678	
5,039		2 Other Expenditures	6,073	4,959	1,114	2

Manitoba Health and Healthy Living
Expenditure Summary
for fiscal year ended March 31, 2009

Estimate 2008/09 $(000s)		Appropriation	Actual (1) 2008/09 $(000s)	Actual (2) 2007/08 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-6c	Provincial Blood Programs Coordination Office				
173		1 Salaries and Employee Benefits	173	173	-	
46		2 Other Expenditures	128	148	(20)	
43,262		**Total Appropriation 21-6**	**43,287**	**37,134**	**6,153**	

Explanation Number:

1. *Primarily due to increase in HPV program.*
2. *Primarily due to price and volume increases.*

	21-7	**Health Services Insurance Fund**				
	21-7a	Funding to Health Authorities				
1,831,737 *		Acute Care Services	1,848,002	1,664,745	183,257	1
475,487		Long Term Care Services	514,345	490,497	23,848	2
243,800		Home Care Services	265,266	251,668	13,598	3
186,013		Community and Mental Health Services	192,451	177,473	14,978	3
53,560		Emergency Response and Transport Services	53,669	52,500	1,169	
(9,109)		Third Party Recoveries	(9,199)	(8,528)	(671)	
(38,879)		Reciprocal Recoveries	(52,480)	(37,211)	(15,269)	4
(2,000)		Recoverable from Urban Development Initiative	(2,000)	(2,000)	-	
	21-7b	Provincial Health Services				
30,933		Out of Province	45,778	31,811	13,967	4
51,413		Blood Transfusion Services	57,603	60,268	(2,665)	5
2,168		Federal Hospitals	1,729	2,399	(670)	
9,383		Prosthetic and Orthotic Devices	10,722	9,153	1,569	4
4,029		Healthy Communities Development	6,681	440	6,241	6
2,180		Nursing Recruitment and Retention Initiatives	3,697	1,700	1,997	4

Manitoba Health and Healthy Living
Expenditure Summary
for fiscal year ended March 31, 2009

Estimate 2008/09 $(000s)		Appropriation	Actual (1) 2008/09 $(000s)	Actual (2) 2007/08 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-7c	Medical				
782,466 *		Physician Services	789,101	720,722	68,379	4
17,252		Other Professionals	17,077	16,684	393	
21,773		Out of Province Physicians	23,708	22,581	1,127	
23,738		Other	15,413	15,622	(209)	
(5,929)		Third Party Recoveries	(5,416)	(4,763)	(653)	
(10,993)		Reciprocal Recoveries	(13,027)	(11,997)	(1,030)	
	21-7d	Pharmacare				
228,226		Other Expenditures	229,257	224,923	4,334	4
3,897,248		**Total Appropriation 21-7**	**3,992,377**	**3,678,687**	**313,690**	

* includes enabling appropriation for Wait List Initiatives

Explanation Number:

1. *Primarily due to increases in base line funding to the RHAs, wage standardization, and MNU arbitration.*
2. *Primarily due to increases in base line funding to the RHAs, and Long Term Care Strategy.*
3. *Primarily due to increases in base line funding to the RHAs.*
4. *Primarily due to price and volume increases.*
5. *Primarily due to price and volume decreases.*
6. *Primarily due to full implementation of the AHTF Initiatives, and new Manitoba Patient Access program.*

	21-8	**Addictions Foundation of Manitoba** [3]				
17,757		Program Delivery	17,644	17,485	159	
1,919		Problem Gambling Services	1,919	1,919	-	
(1,599)		Third Party Recoveries	(1,599)	(1,599)	-	
(2,125)		Recoveries from Manitoba Lotteries Corporation	(2,125)	(1,919)	(206)	
15,952		**Total Appropriation 21-8**	**15,839**	**15,886**	**(47)**	

Manitoba Health and Healthy Living
Expenditure Summary
for fiscal year ended March 31, 2009

Estimate 2008/09 $(000s)		Appropriation	Actual (1) 2008/09 $(000s)	Actual (2) 2007/08 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-9	**Capital Funding**				
	21-9a	Principal Repayments				
49,686		1 Acute Care	48,628	44,463	4,165	1
13,204		2 Long Term Care	13,092	13,354	(262)	
1,138		3 Community and Mental Health Services	1,903	1,649	254	
	21-9b	Equipment Purchases and Replacements				
24,027 *		1 Acute Care	27,957	27,948	9	
2,362		2 Long Term Care	5,576	1,349	4,227	2
	21-9c	Other Capital				
3,751		1 Acute Care	3,170	2,933	237	
1,400		2 Long Term Care	2,047	1,359	688	
95,568		**Total Appropriation 21-9**	**102,373**	**93,055**	**9,318**	

* includes enabling appropriation for Wait List Initiatives

Explanation Number:

1. Primarily due to increases in debt servicing.
2. Primarily due to increase in basic equipment funding.

	21-10	**Costs Related to Capital Assets**				
425	21-10a	Desktop Services	210	424	(214)	
3,026	21-10b	Amortization Expense	3,307	2,960	347	
886	21-10c	Interest Expense	841	1,010	(169)	
4,337		**Total Appropriation 21-10**	**4,358**	**4,394**	**(36)**	
4,170,162		**Total Appropriation 21**	**4,267,848**	**3,931,447**	**336,401**	

Footnotes:

(1) Actuals for 2008/09 are based on year-end expenditure analysis report dated July 27, 2009.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2009.

Manitoba Health and Healthy Living
Revenue Summary by Source
for fiscal year ended March 31, 2009

Actual [1] 2008/09 $(000s)	Actual [2] 2007/08 $(000s)	Increase (Decrease) $(000s)	Expl. No.	Source	Actual [1] 2008/09 $(000s)	Estimate 2008/09 $(000s)	Variance $(000s)	Expl. No.
				1. Government of Canada:				
4,229	160	4,069	1	a) Aboriginal Health Transition Fund	4,229	3,803	426	1
1,862	576	1,286	1	b) Bridging General and Specialist Care	1,862	-	1,862	1
-	10,764	(10,764)	2	c) Cervical Cancer Vaccine Immunization	-	-	-	
-	6,381	(6,381)	3	d) Diagnostic Medical Equipment Fund	-	-	-	
-	(7)	7		e) Health Reform Fund	-	-	-	
-	567	(567)	3	f) Medical Equipment Fund	-	-	-	
-	27,940	(27,940)	2	g) Patient Wait Times Guarantee	-	-	-	
-	-	-		h) Primary Health Care Transition Fund	-	-	-	
6,091	**46,381**	**(40,290)**		**Sub-Total Health Funds**	**6,091**	**3,803**	**2,288**	
4,368	4,368	-		i) Labour Market Agreements for People with Disabilities	4,368	4,368	-	
-	721	(721)	3	j) Alcohol and Drug Treatment and Rehabilitation	-	-	-	
4,368	**5,089**	**(721)**		**Sub-Total Other Agreements**	**4,368**	**4,368**	-	
				2. Other Revenue:				
5,554	6,150	(596)	4	a) Sundry	5,554	4,652	902	4
16,013	**57,620**	**(41,607)**		**Total Revenue**	**16,013**	**12,823**	**3,190**	

Explanation Number:
1. Increased funding in 2008/09
2. One-time funding in 2007/08
3. Funding ended in 2007/08
4. Primarily due to volume increase in revenue for Lifeflight Air Ambulance and Cadham Lab in 2008/09

Footnotes:
(1) Actuals for 2008/09 are based on year-end expenditure analysis report dated July 27, 2009.
(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2009

Manitoba Health and Healthy Living
Five Year Expenditure and Staffing Summary by Appropriation
for years ending March 31, 2005 to March 31, 2009

Appropriation	2004/05 [2]		2005/06 [2]		2006/07 [2]		2007/08 [2]		2008/09 [1]	
	FTE	$(000s)	FTE	$(000s)	FTE	$(000s)	FTE	$(000s)	FTE	$(000s)
21-1 Administration, Finance and Accountability	144.73	10,006	143.73	10,307	143.73	10,721	143.73	10,900	145.23	11,246
21-2 Corporate and Provincial Program Support	138.90	16,842	138.90	16,209	140.90	16,726	141.90	17,056	144.90	17,620
21-3 Health Workforce	135.29	9,529	134.29	9,987	137.29	10,251	137.29	11,201	137.29	11,361
21-4 Primary Care and Healthy Living	57.33	13,352	57.33	15,928	65.33	16,701	66.33	19,913	74.83	23,039
21-5 Regional Affairs	472.62	40,334	467.62	44,558	468.62	40,781	473.62	43,221	533.82	46,348
21-6 Public Health	183.23	25,363	183.23	28,786	183.23	35,430	184.23	37,134	195.23	43,287
21-7 Health Services Insurance Fund		3,032,343		3,220,393		3,431,044		3,678,687		3,992,377
21-8 Addictions Foundation of Manitoba [3]		12,890		13,176		13,740		15,886		15,839
21-9 Capital Funding		73,889		80,305		93,873		93,055		102,373
21-10 Costs Related to Capital Assets		3,322		3,630		4,194		4,394		4,358
Total Departmental Expenditures	1,132.10	3,237,870	1,125.10	3,443,279	1,139.10	3,673,461	1,147.10	3,931,447	1,231.30	4,267,848

Footnotes:

(1) Actuals for 2008/09 are based on year-end expenditure analysis report dated July 27, 2009.

(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2009.

(3) Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

Manitoba Health Services Insurance Plan
Five-Year Expenditure Summary

for years ending March 31, 2005 - March 31, 2009 [1]

Program	2004/05 $(000s)	2005/06 $(000s)	2006/07 $(000s)	2007/08 $(000s)	2008/09 $(000s)
Facilities and Health Authorities	2,188,084	2,312,936	2,482,726	2,682,199	2,912,427
Medical [2]	630,937	683,970	732,320	758,849	826,856
Provincial Programs [3]	91,471	97,563	99,310	105,770	126,210
Pharmacare	194,410	206,625	213,740	224,924	229,257
Total	**3,104,902**	**3,301,094**	**3,528,096**	**3,771,742**	**4,094,750**

Footnotes:

(1) Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2009.

(2) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.

(3) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.

Regional Health Authorities and Other Facilities
Net Manitoba Health Payments

Assiniboine Regional Health Authority	2007/08	2008/09
Acute Care Services – Operating	54,674,764	60,131,728
Long Term Care Services – Operating	36,818,712	42,074,784
Emergency Response & Transportation Services	3,701,027	3,387,648
Medical	13,160,907	13,927,920
Home Care	12,517,992	13,144,800
Community and Mental Health	7,831,416	7,532,232
Acute Care Services – Capital	1,310,780	1,143,089
Long Term Care Services – Capital	666,011	1,437,864
Community – Capital	-	-
Total Assiniboine Regional Health Authority	**$130,681,609**	**$142,780,065**

Brandon Regional Health Authority	2007/08	2008/09
Acute Care Services – Operating	106,860,242	113,414,168
Long Term Care Services – Operating	18,318,336	18,981,816
Emergency Response & Transportation Services	5,018,721	5,186,846
Medical	8,796,071	10,487,400
Home Care	6,776,376	7,071,936
Community and Mental Health	15,380,304	17,825,592
Acute Care Services – Capital	1,778,342	2,104,018
Long Term Care Services – Capital	751,379	923,018
Community – Capital		
Total Brandon Regional Health Authority	**$163,679,771**	**$175,994,794**

Burntwood Regional Health Authority	2007/08	2008/09
Acute Care Services – Operating	34,755,198	40,690,050
Long Term Care Services – Operating	4,043,304	3,385,632
Emergency Response & Transportation Services	4,344,350	4,973,058
Medical	13,834,006	15,070,368
Home Care	1,403,832	1,943,976
Community and Mental Health	7,103,760	7,272,312
Acute Care Services – Capital	807,005	1,376,096
Long Term Care Services – Capital	56,520	38,635
Community – Capital	-	-
Total Burntwood Regional Health Authority	**$66,347,975**	**$74,750,127**

Regional Health Authorities and Other Facilities
Net Manitoba Health Payments

CancerCare Manitoba	2007/08	2008/09
Acute Care Services – Operating	74,011,022	78,308,808
Long Term Care Services – Operating		
Emergency Response & Transportation Services		
Medical	12,014,424	12,014,424
Home Care		
Community and Mental Health		
Acute Care Services – Capital	636,745	1,322,375
Long Term Care Services – Capital		
Community – Capital		
Total Central Regional Health Authority	**$86,662,191**	**$91,645,607**

Central Regional Health Authority	2007/08	2008/09
Acute Care Services – Operating	67,710,517	75,671,591
Long Term Care Services – Operating	37,133,808	37,961,640
Emergency Response & Transportation Services	4,115,863	5,132,688
Medical	13,204,393	13,985,256
Home Care	17,822,760	18,296,400
Community and Mental Health	11,743,896	13,069,584
Acute Care Services – Capital	4,194,317	1,498,764
Long Term Care Services – Capital	637,516	1,022,863
Community – Capital	33,312	
Total Central Regional Health Authority	**$156,596,382**	**$166,638,786**

Churchill Regional Health Authority	2007/08	2008/09
Acute Care Services – Operating	7,911,525	8,174,583
Long Term Care Services – Operating	-	-
Emergency Response & Transportation Services	1,250,767	1,384,108
Medical	-	-
Home Care	115,656	140,304
Community and Mental Health	943,920	1,041,144
Acute Care Services – Capital	301,981	356,536
Long Term Care Services – Capital	-	-
Community – Capital	-	-
Total Churchill Regional Health Authority	**$10,523,849**	**$11,096,675**

Regional Health Authorities and Other Facilities
Net Manitoba Health Payments

Interlake Regional Health Authority	2007/08	2008/09
Acute Care Services – Operating	36,361,413	41,788,904
Long Term Care Services – Operating	16,995,408	17,966,376
Emergency Response & Transportation Services	4,256,646	5,249,674
Medical	7,255,421	7,556,400
Home Care	12,491,784	12,989,256
Community and Mental Health	9,868,100	11,127,932
Acute Care Services – Capital	645,999	1,266,096
Long Term Care Services – Capital	343,309	716,612
Community – Capital	-	-
Total Interlake Regional Health Authority	**$88,218,080**	**$98,661,250**

Norman Regional Health Authority	2007/08	2008/09
Acute Care Services – Operating	32,799,671	36,038,503
Long Term Care Services – Operating	6,576,840	6,888,360
Emergency Response & Transportation Services	5,314,029	5,519,199
Medical	9,769,864	10,326,576
Home Care	3,459,576	3,596,352
Community and Mental Health	6,146,112	6,479,760
Acute Care Services – Capital	1,021,473	1,088,054
Long Term Care Services – Capital	375,907	220,735
Community – Capital	-	-
Total Norman Regional Health Authority	**$65,463,472**	**$70,157,539**

North Eastman Regional Health Authority	2007/08	2008/09
Acute Care Services – Operating	17,077,156	18,469,530
Long Term Care Services – Operating	11,360,040	12,471,008
Emergency Response & Transportation Services	1,749,987	2,403,026
Medical	2,995,112	3,090,408
Home Care	5,793,792	6,201,936
Community and Mental Health	3,914,480	4,549,904
Acute Care Services – Capital	455,691	607,549
Long Term Care Services – Capital	129,288	274,373
Community – Capital	-	-
Total North Eastman Regional Health Authority	**$43,475,546**	**$48,067,734**

Regional Health Authorities and Other Facilities
Net Manitoba Health Payments

Parkland Regional Health Authority	2007/08	2008/09
Acute Care Services – Operating	47,109,913	50,796,421
Long Term Care Services – Operating	25,934,376	28,236,408
Emergency Response & Transportation Services	3,255,147	3,627,451
Medical	4,879,041	5,082,600
Home Care	12,241,488	12,760,968
Community and Mental Health	8,444,616	9,111,912
Acute Care Services – Capital	1,363,975	2,164,390
Long Term Care Services – Capital	272,600	199,251
Community – Capital	-	-
Total Parkland Regional Health Authority	**$103,501,156**	**$111,979,401**

South Eastman Regional Health Authority	2007/08	2008/09
Acute Care Services – Operating	24,732,952	28,646,919
Long Term Care Services – Operating	15,064,104	15,973,800
Emergency Response & Transportation Services	1,531,755	3,094,101
Medical	5,719,549	6,084,228
Home Care	12,000,816	13,593,000
Community and Mental Health	5,749,016	6,898,100
Acute Care Services – Capital	1,337,567	1,072,022
Long Term Care Services – Capital	511,385	906,731
Community – Capital	106,128	-
Total South Eastman Regional Health Authority	**$66,753,272**	**$76,268,901**

Winnipeg Regional Health Authority	2007/08	2008/09
Acute Care Services – Operating	1,066,952,917	1,152,975,005
Long Term Care Services – Operating	309,624,024	325,242,992
Emergency Response & Transportation Services	6,849,984	7,122,888
Medical	138,697,406	155,720,537
Home Care	166,659,576	175,102,992
Community and Mental Health	99,040,224	107,549,346
Acute Care Services – Capital	20,416,199	24,343,307
Long Term Care Services – Capital	3,853,904	3,983,654
Community – Capital	140,184	140,184
Total Winnipeg Regional Health Authority	**$1,812,234,418**	**$1,952,180,905**

Other	2007/08	2008/09
Amdocs Inc	1,068,877	1,162,260
Canadian Blood Agency	48,594,355	56,495,304
Community Therapy Services Inc.	81,481	84,336
Department of Clinical Health Psychology U of MB	319,632	319,632
Diagnostic Services of Manitoba	6,227,433	13,266,931
Manitoba Locum Tenens Program	898,388	819,528
Norway House Dialysis Unit	111,560	334,680
Out-of-Province	31,810,650	45,777,828
Pinaow Wachi	219,666	212,472
University Medical Group	2,447,604	2,589,144
University of Manitoba-Island Lake	1,171,241	1,148,709
University of Manitoba-Northern Medical Unit	6,588,011	6,654,024
Total Other	**$99,538,898**	**$128,864,848**

Federal Hospitals/Nursing Stations	2007/08	2008/09
Hodgson-Percy E. Moore, Hospital	1,054,186	786,688
Norway House, Hospital	853,650	657,975
Berens River, N.S.	7,139	6,534
Bloodvein, N.S.	5,929	5,566
Brochef, N.S.	3,224	2,108
Cross Lake, N.S.	90,470	94,985
Garden Hill, N.S.	33,396	36,663
God's Lake, N.S.	28,919	21,659
God's River, N.S.	2,604	10,168
Lac Brochet, N.S.	6,448	7,812
Little Grand Rapids, N.S.	6,820	5,704
Nelson House, N.S.	53,196	43,772
Oxford House, N.S.	16,698	19,844
Pauingassi, N.S.	1,984	2,728
Poplar River, N.S.	7,812	8,680
Pukatawagan, N.S.	18,228	20,832
Red Sucker Lake, N.S.	10,168	15,376
Shamattawa, N.S.	25,544	34,720
South Indian Lake, N.S.	9,176	13,888
Split Lake, N.S.	29,884	41,664
Ste. Theresa, N.S.	45,133	30,613
Tadoule Lake, N.S.	1,984	3,100
Wassagamack, N.S.	10,164	12,826
York Factory, N.S.	6,324	4,960
Total Federal Hospitals/Nursing Stations	**$2,329,080**	**$1,888,865**
All Facilities and Regional Health Authorities	**$2,896,005,699**	**$3,150,975,497**

Financial Report Summary Information Part 2

Manitoba Health Services Insurance Plan
Summary of Estimates
April 1, 2008 – March 31, 2009

DETAILS	2007/08 ESTIMATES ($000s)
2008/09 Main Estimates:	
Funding to Health Authorities	2,740,609
Provincial Health Services	100,106
Medical	828,307
Pharmacare	228,226
Capital Grants	95,568
2008/09 Estimates:	**3,992,816**

For the year ended March 31, 2009, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund estimates and enabling appropriations totalled $3,992,816 for planned expenses. During the year, Supplementary Funding of $97,451 was approved, bringing the total to $4,090,267.

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

AUDITORS' REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the statement of financial position of the Manitoba Health Services Insurance Plan as at March 31, 2009, and the statement of operations and net assets for the year then ended. These financial statements reflect the Plan's health program expenses for insured services and the funding provided for these programs from the Department of Health appropriations for the Health Services Insurance Fund and Capital Grants. These financial statements are the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the assets, liabilities and net assets of the Manitoba Health Services Insurance Plan as at March 31, 2009, and the revenue and expenses and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Office of the Auditor General

Office of the Auditor General

Winnipeg, Manitoba
June 19, 2009

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: [204] 945-3790 fax: [204] 945-2169
www.oag.mb.ca

MANAGEMENT REPORT

Management of Manitoba Health and Healthy Living is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2009 have been prepared in accordance with accounting principles consistent with prior years. Included in this year's financial statement is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*.

Manitoba Health and Healthy Living maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. Staff of the Office of the Auditor General review internal controls and report their findings annually to management and to the Minister of Health.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

Original signed by
Arlene Wilgosh
Deputy Minister of Health and
Healthy Living

Original signed by
Karen Herd, CA
Chief Financial Officer and
Assistant Deputy Minister

Winnipeg, Manitoba
June 19, 2009

Manitoba Health Services Insurance Plan
Statement of Financial Position
As At March 31, 2009
(in thousands of dollars)

	2009	2008
Assets		
Current		
Cash	$ 22,030	$ 35,885
Funds on deposit with the Province of Manitoba	242,786	191,813
Accounts receivable (Note 3)	59,672	52,706
Due from the Province of Manitoba - vacation pay (Note 4)	121,663	121,663
	446,151	402,067
Due from the Province of Manitoba - post employment benefits (Note 4)	128,177	128,177
	$ 574,328	$ 530,244
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities (Note 5)	324,488	279,604
Accrued vacation pay (Note 4)	121,663	121,663
	446,151	401,267
Post employment benefits payable (Note 4)	128,177	128,177
Net Assets	-	800
	$ 574,328	$ 530,244

Manitoba Health Services Insurance Plan
Statement of Operations and Net Assets
For the Year Ended March 31, 2009
(in thousands of dollars)

	2009	2008
Revenue		
Grants from the Province of Manitoba (Note 9)	**$ 3,977,545**	$ 3,661,873
Third party recoveries	**14,556**	13,238
Miscellaneous	**59**	53
	3,992,160	3,675,164
Expenses		
Health Authorities and Facilities (Note 6, 7)	**2,809,721**	2,584,836
Medical (Notes 6, 7,11)	**827,772**	764,441
Provincial programs	**126,210**	100,963
Pharmacare	**229,257**	224,924
	3,992,960	3,675,164
Excess (deficiency) of revenue over expenses	**(800)**	-
Net Assets, beginning of year	**800**	800
Net Assets, end of year	**$ -**	$ 800

Manitoba Health Services Insurance Plan
Notes to the Financial Statements
For the Year ending March 31, 2009

1. Nature of Operations

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of *The Health Services Insurance Act*. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

2. Significant Accounting Policies

a. General

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles (GAAP) for not-for-profit entities.

b. New Accounting Policies

Effective April 1, 2008 the Plan adopted the following new accounting standards issued by the Canadian Institute of Chartered Accountants (CICA):

Section 1535, Capital Disclosures
Section 1535 establishes standards for disclosing information about an entity's capital and how it is managed. These standards require an entity to disclose its objectives, policies and processes for managing capital, a summary of quantitative data about what it manages as capital and whether it complied with any externally imposed capital requirements to which it is subject and, if not, the consequences of such non-compliance.

Section 3862, Financial Instruments – Disclosures and Section 3863, Financial Instruments – Presentation
Sections 3862 and 3863 are intended to enhance the abilities of users of financial statements to evaluate the significance of financial instruments to an entity, related exposures and the management of these risks. These sections were subsequently amended to eliminate the requirement for not-for-profit entities and rate-regulated enterprises to adopt these sections. These entities are permitted to continue to apply Section 3861 Financial Instruments - Disclosure and Presentation in place of Sections 3862 and 3863. An entity that does so must disclose this fact.

c. Revenue Recognition

Revenue is recognized as funds are drawn from Province of Manitoba appropriations.

d. Capital Management

The Plan's objective when managing capital is to maintain sufficient capital to cover its costs of operations. The Plan's capital consists of net assets.

The Plan's capital management policy is to
Maintain sufficient capital to meet its objectives through its net assets by managing transfers of surplus funds to the Province of Manitoba,
Meet short-term capital needs with working capital advances from the Province of Manitoba.

The Plan is not subject to externally imposed capital requirements.

There were no changes in the Plan's approach to capital management during the period.

e. Financial Instruments

Financial assets and liabilities are initially recorded at fair value. Measurement in subsequent periods depends on the financial instrument's classification. Financial instruments are classified into one of the following five categories: held for trading; available for sale; held to maturity; loans and receivables; and other financial liabilities. All financial instruments classified as held for trading or available for sale are subsequently measured at fair value with any change in fair value recoded in net earnings and other comprehensive income, respectively. All other financial instruments are subsequently measured at amortized cost.

The Plan has designated its financial instruments as follows:

Cash and funds on deposit are classified as financial assets held for trading and are measured at fair value with gains and losses recognized in the statement of operations and net assets for the current period.

Accounts receivable, and the amounts due from the Province of Manitoba are classified as loans and receivables. These financial assets are recorded at their amortized cost using the effective interest rate method with gains and losses recognized in the statement of operations and net assets in the period the gain or loss occurs.

Accounts payable and accrued liabilities, and accrued vacation pay are classified as other financial liabilities. These financial liabilities are recorded at their amortized cost using the effective interest rate method with gains and losses recognized in the statement of operations and net assets in the period the gain or loss occurs.

The Plan has continued to apply section 3861, Financial Instruments – Disclosures and Presentation in place of Sections 3862 and 3863.

Unless otherwise noted, it is management's opinion that Plan is not exposed to significant interest, currency or credit risk arising from these financial instruments.

Fair value of financial instruments

The fair value of cash, fund on deposit, accounts receivable, due from the Province of Manitoba – vacation pay, accounts payable and accrued liabilities, and accrued vacation pay approximates their carrying values due to their short-term maturity.

The carrying value of the due from the Province of Manitoba – post employment receivable approximates its fair value, as the annual interest accretion is funded.

f. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

g. Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

h. Statement of Cash Flows

These financial statements do not include a Statement of Cash Flows. In the opinion of management, the Statement of Cash Flows does not provide additional disclosure.

i. **Future Accounting Policy Changes**

Not-For-Profit Organizations
The CICA amended a number of standards applicable to not-for-profit organizations (NFPOs).

CICA 4400 Financial Statement Presentation by Not-For-Profit Organizations was amended to:

- eliminate the requirement to treat net assets invested in capital assets as a separate component of net assets and, instead, permit a not-for-profit organization (NFPO) to present such an amount as a category of internally restricted net assets when it chooses to do so.
- clarify that revenues and expenses must be recognized and presented on a gross basis when a not-for-profit organization is acting as a principal in transactions.
- make Section 1540 Cash Flow Statements applicable to NFPOs.
- make Section 1751 Interim Financial Statements applicable to NFPOs that prepare interim financial statements in accordance with GAAP.

Section 4460 Disclosure of Related Party Transactions by Not-For-Profit Organizations was amended to make the language in Section 4460 consistent with Section 3840 Related Party Transactions.

These new requirements are effective April 1, 2009 and will only require additional disclosure in the financial statements.

3. Accounts Receivable

	2009	2008
Province of Manitoba	**$21,721**	$16,029
Other Provinces and Territories	**23,994**	23,006
Other	**13,957**	13,671
	$59,672	$52,706

4. Employee Benefits

The Plan revised, in 2005, its funding arrangements related to vacation pay and post employment benefits. Prior to 2005, the Plan did not fund the annual vacation leave earned by employees of the Regional Health Authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now provided as vacation pay and post employment benefits are earned by employees subsequent to March 31, 2004.

The amount recorded as due from the Province – vacation pay was initially based on the estimated value of the corresponding liability as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its ongoing annual funding to the Plan, an amount equal to the current year's expense for vacation pay entitlements.

The amount recorded as due from the Province – post employment benefits is the value of the corresponding actuarial liability for post employment costs as at March 31, 2004. There has been no change to the value subsequent to March 31, 2004 because the Province has provided, in its ongoing annual funding to the Plan, an amount equivalent to the change in the post employment liability including annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related post employment liabilities.

5. Accounts Payable and Accrued Liabilities

	2009	2008
Health Authorities and Facilities	**$187,740**	$123,615
Medical Service Claims	**81,031**	87,172
Pharmacare Claims	**17,174**	15,505
Province of Manitoba	**9,211**	17,742
General	**29,332**	35,570
	$324,488	$279,604

6. Inter-provincial Reciprocal Recoveries

Under inter-provincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Claims for services are subsequently recovered between provincial governments. In order to reflect the cost of insured services to Manitobans, the recoveries attributable to services for non-Manitoba residents are netted against program expenses.

For the year ended March 31, 2009 the expenses for Health Authorities and Facilities within the Province, of $2,809,721 (2008 - $2,584,836) are net of reciprocal recoveries of $52,480 (2008 - $37,211). The expenses for Medical program of $827,772 (2008 - $764,441) are net of reciprocal recoveries of $13,027 (2008 - $11,997).

7. Regional Health Authorities

The following table summarizes payments to the Health Authorities. These payments are included in the financial statements in the expense categories of Health Authorities and Facilities and Medical.

Regional Health Authority	**2009**			**2008**
	Facilities	Medical	Total	**Total**
Winnipeg	**$1,776,206**	**$155,721**	**$1,931,927**	$1,790,752
Brandon	**164,099**	**10,487**	**174,586**	161,733
North Eastman	**44,483**	**3,090**	**47,573**	42,998
South Eastman	**69,258**	**6,084**	**75,342**	65,410
Interlake	**90,356**	**7,556**	**97,912**	87,601
Central	**152,081**	**13,985**	**166,066**	155,522
Assiniboine	**127,277**	**13,928**	**141,205**	130,012
Parkland	**105,089**	**5,083**	**110,172**	100,233
Norman	**59,266**	**10,327**	**69,593**	64,232
Burntwood	**59,100**	**15,070**	**74,170**	65,741
Churchill	**10,841**	**-**	**10,841**	10,258
CancerCare	**79,139**	**12,014**	**91,153**	86,398
Total Payments	**$2,737,195**	**$253,345**	**$2,990,540**	$2,760,890

The expense category, Health Authorities and Facilities, in the Statement of Operations and Net Assets is comprised of the following:

	2009	2008
Health Authorities payments	**$2,737,195**	$2,530,565
Accruals and payments to facilities and third parties	**125,006**	91,482
Reciprocal recoveries	**(52,480)**	(37,211)
Total Expenses	**$2,809,721**	$2,584,836

The expense category, Medical, in the Statement of Operations and Net assets is comprised of the following:

	2009	2008
Fee for Services Medical payments and accruals	**$558,526**	$518,540
Health Authorities payments	**253,345**	230,325
Optometric	**6,120**	5,990
Chiropractic	**9,781**	9,586
Total Expenses	**$827,772**	$764,441

8. Contingencies

The nature of the Plan's activities is such that there may be litigation pending or in progress at any time. With respect to claims at March 31, 2009, no provision has been made in the financial statements as the final outcome of the claims is not determinable at this time.

9. Economic Dependence

The Plan is economically dependent on the Province of Manitoba for its funding.

10. Related Party Transactions

In addition to those related transactions disclosed elsewhere in these financial statements, the Plan is related in terms of common ownership to all Province of Manitoba created departments, agencies and Crown corporations. The Plan enters into transactions with these entities in the normal course of business. These transactions are recorded at the exchange amount.

11. *The Public Sector Compensation Disclosure Act*

The Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act* is included as part of the Annual Report of Manitoba Health.

12. Comparative Figures

Certain of the prior year's figures have been reclassified to conform to the current year's presentation.

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

AUDITORS' REPORT
Schedule of Public Sector Compensation Disclosure

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2009, prepared in accordance with The Public Sector Compensation Disclosure Act. This financial information is the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on this financial information based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial information. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial information.

In our opinion, this schedule presents fairly, in all material respects, compensation of The Manitoba Health Services Insurance Plan for the year ended March 31, 2009, in accordance with the provisions of The Public Sector Compensation Disclosure Act.

Office of The Auditor General

Office of the Auditor General

Winnipeg, Manitoba
June 19, 2009

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 Office: (204) 945-3790 Fax: (204) 945-2169
www.oag.mb.ca

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2009

This Schedule of Payments is published in compliance with the provisions of *The Public Sector Compensation Disclosure Act.*

The Act requires the publication of the name of every person who receives $50,000 or more in the fiscal year for providing services to insured persons under *The Health Services Insurance Act*, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service amounts only. The payments reported do not include payments that a physician may receive from alternate sources such as salary and contract payments, sessional payments, on-call stipends etc.

The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory, nuclear medicine and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- These data provide only a record of gross payments made by Manitoba Health and Healthy Living to the practitioner.
- A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.
- As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.

NAME:	$	NAME:	$	NAME:	$
Abbott B B	$68,556	Alevizos I	$72,550	Andrew C	$444,213
Abbu G P	$98,736	Ali A	$100,266	Anhalt Hicks C D	$563,054
Abdulrehman A S	$319,028	Ali M B	$424,300	Anozie C B	$336,232
Abell W R	$82,490	Aljafari A	$172,381	Antonenko N E	$179,123
Aboobaker S	$301,522	Allan D R [3]	$411,705	Antonissen L A S	$395,729
Abu Shahma M	$418,164	Allan R R	$495,351	Anyadike I O	$323,490
Adam C J E	$132,024	Alnhisi K	$360,754	Aoki F Y	$99,879
Adam-Sdrolias H L	$213,856	Alshangiti F	$256,606	Aragola S	$397,776
Adams D W	$85,390	Altamimi S A	$51,423	Araneda M C	$87,627
Adduri V R	$411,210	Altman G N	$277,583	Armas Enriquez A T	$159,636
Adrewi H	$243,907	Alto L E	$583,008	Armstrong B	$401,174
Agha Khani Y	$104,150	Alvi C W	$104,096	Armstrong S [3]	$813,388
Ahluwalia R S	$393,360	Amadeo R J J	$322,606	Arneja A S	$295,792
Ahmad E	$86,360	Amede K H	$299,368	Arneja J	$381,033
Ahmad S N	$229,953	Amin B	$65,459	Arnott P C	$420,782
Ahmed N	$107,348	Amin S M	$133,619	Arora R C	$69,772
Ahmed S	$97,284	Anastasiades L	$148,066	Ashcroft R P	$160,700
Ahweng A	$183,432	Anderson A	$98,871	Ashfaq B	$61,938
Ainley A	$84,055	Anderson B R	$408,616	Ashique A	$106,848
Akena C	$469,885	Anderson B	$191,689	Askar M	$266,557
Akra M A	$104,042	Anderson D M	$156,304	Asskar R	$736,784
Al Gurashi F	$213,606	Anderson M J	$51,600	Assuras G N	$401,711
Alazragh W A	$349,436	Anderson M	$95,428	Astorga M	$103,999
Albak R E	$281,070	Anderson R A	$149,126	Atkinson R	$225,277
Aldor T A M	$63,744	Anderson S D	$63,757	Atwal J	$252,562

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NAME:	$	NAME:	$	NAME:	$
Avery L	$238,040	Bellan L	$482,205	Boroditsky R S	$188,829
Awadalla A	$730,260	Bellas J	$209,600	Borrett G F	$274,175
Azer N	$210,406	Benning H S	$699,992	Borys A E	$235,974
Azzam L	$82,476	Benoit A	$224,627	Botha A	$147,876
Babick T R	$501,744	Benshaban L	$188,243	Botha D	$323,243
Badenhorst F	$252,619	Bereznay O	$297,530	Botha D J	$62,738
Bagry H	$70,045	Bergen J	$208,932	Boult I F [2]	$1,040,078
Baidwan S K	$138,230	Bergman E	$155,265	Bourdon N	$57,726
Baillie C	$385,497	Bergner H	$134,234	Bourque C N	$355,949
Baker C	$300,376	Bermack B A	$414,356	Boustcha E	$191,330
Balachandra B	$216,540	Bernier C	$115,796	Bovell F M	$208,883
Balageorge D	$432,795	Bernier M	$629,104	Bow E	$74,328
Balko G	$259,659	Bernstein C N	$342,746	Bowman M N	$126,472
Ball F	$279,883	Bernstein K [3]	$485,811	Boyd A J	$338,063
Ballen J L	$371,677	Beshay N M S	$389,392	Bracken J	$189,946
Bani A	$79,467	Beshay S	$60,108	Bracken J H	$338,064
Banmann D S	$232,863	Best R L	$375,505	Bradley B D	$271,796
Barac I	$91,657	Bhagat A	$51,734	Bradshaw C D	$236,774
Barac S	$124,890	Bhanot P	$156,748	Brandes L J	$142,394
Barber D C	$95,156	Bhayana R K	$249,007	Brar P	$101,059
Barber L	$302,458	Bhayana R	$243,041	Braun E	$212,459
Barc J	$217,258	Biala B	$330,158	Braun J	$154,352
Bard R J	$251,214	Billinkoff E N	$290,138	Braun K Y	$137,774
Baria K	$210,965	Bilos R J	$189,622	Breckman D K	$324,149
Barker J L	$63,700	Birk P	$63,875	Breckman G L	$169,882
Barker M F	$482,539	Birt D	$487,520	Bretecher G	$385,642
Barkman J M	$56,981	Bishay F S	$200,500	Breytenbach H A	$140,802
Barlishen C	$57,823	Bissonnette A	$339,559	Bristow K	$68,196
Barnes E B	$92,333	Black D R	$246,660	Broda R J	$194,379
Barnes J G	$124,227	Black G B	$206,750	Brodovsky S C	$664,099
Barnes W R	$79,394	Blakley B W	$179,406	Brooker G	$150,231
Baron C M	$242,272	Blouw R H	$282,874	Brown H J	$63,922
Baron K	$309,965	Blydt-Hansen T D	$68,150	Brown R	$276,358
Barron L W	$290,603	Blyth S	$275,328	Brownell L	$214,633
Bartlett L C	$180,700	Bock G	$270,812	Bruce K	$57,687
Basson H J	$267,729	Boguski G	$73,895	Bruneau M R	$240,549
Battad A B	$104,276	Bohemier J	$148,266	Brunt M	$108,914
Bay T	$275,787	Bohm C J	$324,166	Bshouty Z	$167,669
Baydock B	$97,761	Bohm E R	$334,609	Buchel E W	$806,521
Beauchamp D N	$143,543	Bolton D R	$295,483	Buchik G M	$123,907
Beaudette R M	$136,241	Bolton J M S	$158,414	Budolowski B A	$61,153
Becker A	$210,716	Boman J	$72,421	Bueddefeld H D	$310,764
Becker M	$72,926	Book B H	$53,728	Buenafe J	$462,534
Beckstead J E	$114,810	Bookatz B J	$259,751	Bueti G [3]	$317,051
Bedder P	$289,083	Booth F	$122,902	Bullen S A	$130,587
Bedi B	$297,717	Booy H	$331,757	Bullock Pries K R	$127,975
Beldavs R A	$1,134,213	Borley J	$94,325	Burke M E	$170,440
Belgasem M	$209,058	Boroditsky A	$74,712	Burnell C D C	$548,616
Bell D D	$94,980	Boroditsky M L	$456,774	Burnet N	$301,345

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NAME:	$	NAME:	$	NAME:	$
Burnett C J	$180,675	Chopra A	$88,659	Cross R	$263,244
Burnett M	$269,821	Choptiany R B W	$190,324	Cumming G	$96,595
Burnett Mairi	$220,973	Choptiany T I	$479,785	Cummings M L	$271,515
Burtch D	$69,994	Chow C	$314,513	Czaplinski J E	$121,978
Burym C J	$504,420	Chow Candace	$130,765	Czaplinski K	$255,764
Butler J B	$143,816	Chow M	$57,651	Czarnecka M M	$176,027
Butler N	$332,725	Chowdhury A D	$173,218	Czarnecki W [1]	$378,825
Calderon-Grande H E	$244,220	Christodoulou C C	$376,112	Czaykowski P M	$157,920
Calhoun L L	$157,933	Chudley A E	$134,372	Da Silva H	$70,606
Cameron A I	$50,904	Chung L	$249,408	Da Silva L M	$305,934
Cameron M R	$376,759	Cisneros N	$351,233	Dabrowska W B	$92,629
Campbell B	$162,547	Clark I H	$164,095	Dabrowski P T	$299,053
Campbell G	$294,817	Clark M A	$126,042	Daeninck P J	$83,561
Campbell N	$67,513	Clark S G	$291,930	Dakshinamurti S S	$250,683
Canadas L A	$186,653	Clark S M	$126,594	Dalling G N	$217,624
Caners D	$524,926	Clayden G	$434,142	Dandekar A S	$347,619
Caners T	$71,967	Cleghorn S	$716,691	Dang T H	$270,119
Cannon J E	$262,415	Coates K R	$378,161	Daniels V	$179,847
Cantor M J	$337,275	Cochrane D	$59,243	Darczewski I	$286,455
Caplan A H	$296,607	Cohen B A	$488,725	Dascal M A	$67,875
Caplan D C	$211,590	Cohen M A	$60,861	Dashefsky S M	$404,022
Cappellani R B	$295,419	Cohen-Postl S	$60,992	Davey M	$315,757
Carpenter N	$309,131	Collison L M	$278,451	Davey R J	$301,214
Carson J B	$340,433	Collison S	$103,277	David M F	$404,865
Cartagena R A	$379,278	Collister C W	$416,007	Davidson J M	$991,833
Carter R	$83,770	Condello A S	$69,798	Davis M H	$231,286
Casey A R	$235,792	Connelly P	$52,242	Davis M O	$355,843
Caswell B	$85,418	Connor D	$639,463	Davloor R	$264,156
Caswill M	$130,131	Connor D H	$76,275	Day M	$75,629
Cavallo D	$286,551	Consunji-Aranet R	$121,647	De Klerk T	$119,275
Cavers K J	$261,532	Convery K	$138,421	De Korompay V	$399,012
Chan E L	$281,651	Coodin M G	$237,184	De Moissac P C	$248,963
Chan J	$71,589	Cooke A L	$125,756	De Muelenaere P	$743,387
Chan J J	$250,107	Corbett C	$439,827	De Rocquigny A J	$516,651
Chan L H	$309,971	Corbett R P	$68,691	De Wet J	$297,598
Chan T	$146,356	Cordova J L	$222,426	De Wit C F	$97,500
Chapman S D	$364,707	Corne S I	$474,964	De Wit S L	$492,950
Chapnick C	$96,371	Cossoy M	$54,552	Dean E C	$278,722
Chatel N L	$214,921	Coueslan G W [2]	$917,811	Debnath P K	$227,173
Chenier D	$67,965	Cowan D J	$431,575	Debrouwere R G	$312,725
Chenier P	$66,052	Cowden E	$195,106	Decter D	$505,384
Cherian R	$71,813	Coyle S J	$152,060	Delaive M	$271,693
Chernish G M	$62,213	Craig D	$116,036	Demsas H	$254,057
Cheung L K	$102,090	Cram D H	$582,433	Deonarine L	$484,352
Chimilar J D	$79,600	Craton N	$111,724	Deong P J	$293,649
Chin D	$916,373	Crawford D	$225,600	Derksen C	$50,085
Cho P A	$440,706	Cristante L	$783,682	Desmarais G P	$143,993
Chochinov P H	$265,482	Crockett M	$61,830	Desmond G H	$343,428
Chodirker B N	$183,299	Cross H G	$103,558	Deutscher R	$346,637

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NAME:	$	NAME:	$	NAME:	$
Dhalla S S	$1,136,268	Duncan S J	$388,949	Fair S E	$143,843
Dhanjal P	$164,853	Dupont J O[4]	$726,930	Falconer T	$62,193
Dharamsi N	$86,417	Duval R	$173,139	Farag R F	$301,896
Diamond H D	$315,455	Dyck D R	$80,896	Farmer R C	$174,362
Dias E M	$111,342	Dyck G H	$472,542	Fast M D	$564,314
Dillon J D	$408,187	Dyck M P	$215,903	Fatoye A	$65,326
Dillon L G	$71,480	Eaglesham H[2]	$972,955	Feasey D	$108,259
Diocee R	$61,090	Ebbeling-Treon L	$282,017	Feierstein M	$175,827
Dionne C	$328,022	Edward G	$263,286	Ferguson D A	$65,435
Dissanayake D	$275,511	Egan M M	$261,541	Finlayson N A	$120,818
Dixon N	$155,514	Egey-Samu Z	$90,393	Finney B A G	$188,813
Dizon A M	$144,321	Eggertson D	$308,207	Fischer A D	$108,752
Doak G J	$245,735	Eisenstat J	$202,454	Fisher M	$57,224
Doan Q	$133,636	Ekins M B	$226,567	Fishman L	$320,198
Docking L M	$76,225	El Gwaidy N A	$346,099	Fitzgerald M	$224,489
Doermer E	$364,223	El-Gabalawy H S	$94,425	Fjeldsted F H	$294,211
Doerr J J	$263,688	El-Sabawy M F	$54,516	Flattery P M	$147,180
Dolynchuk K N	$225,972	Elahiyoun K	$57,453	Fleisher M L	$110,119
Dominique F	$291,627	Elbardisy N	$431,464	Fleisher W P	$82,498
Domke H	$213,169	Eleff M K	$122,691	Fleming F L	$119,253
Domke O	$88,275	Elgazzar R F	$83,004	Fletcher C W	$262,275
Domke S	$203,507	Elhefnawi E	$195,212	Foerster D R	$344,174
Dookeran R	$840,431	Elias K	$238,953	Fogel R B	$110,720
Dornn B	$64,680	Elkin J	$281,737	Fong H	$397,844
Dowhanik M A	$68,399	Elkin M S	$277,878	Fontigny N J	$312,073
Dowhanik P B J	$83,319	Elkin M	$106,398	Fotti S A	$230,293
Downs A C	$337,922	Elliott J	$220,067	Fougere G A	$80,985
Doyle J	$197,352	Elves E	$552,278	Fourie H	$188,545
Drachenberg D E	$595,561	Embil J M A	$546,194	Fourie T	$318,310
Drew E	$56,770	Embree J E	$71,061	Frame H	$259,922
Drexler J	$500,053	Emery C	$281,618	Francois J M G	$73,214
Dreyer C	$57,473	Eng S	$262,099	Fraser D B	$56,812
Drobot G R	$156,037	Engel C	$344,582	Fraser M B	$274,534
Du Plooy J	$295,836	Engel J S	$500,736	Fraser V H	$221,924
Du Toit L L	$94,706	Engel M	$67,620	Fraser-Roberts D L	$187,357
Dubberley J	$280,280	Engelbrecht J F	$202,495	Frechette C	$118,376
Dubyna D	$418,453	Engelbrecht S	$280,168	Frechette M	$386,780
Ducas D A	$105,300	Enns J P	$381,941	Frechette S C	$253,675
Ducas J	$580,257	Erhard P	$131,345	Frederick D V	$66,712
Ducheck D L	$69,685	Eschun G M	$108,668	Fredette P	$234,330
Dueck D	$278,832	Eshghi Esfahani F	$292,436	Freed D H	$465,638
Duerksen C	$380,608	Esmail A	$434,148	Freedman J I	$302,650
Duerksen D R	$449,648	Essa R A A	$180,017	Freitas E A	$295,668
Duerksen K	$77,843	Esser C M	$76,258	Friesen J	$285,224
Duerksen M T	$328,121	Ethans K D	$101,172	Friesen J A	$63,422
Duff B D	$137,863	Evans H	$62,038	Froehlich K F	$154,888
Duffy G	$156,454	Evans M J	$94,705	Froese W	$354,741
Duke P C	$96,022	Ewert F J	$293,598	Frohlich A M	$372,709
Dumatol-Sanchez J	$166,770	Fainman S E	$84,339	Fuchs G R	$354,500

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NAME:	$	NAME:	$	NAME:	$
Fung H	$337,399	Gonzalez-Pino F	$178,546	Haleis A R	$58,997
Funk D J	$211,505	Gooi T H	$608,758	Haligowski D	$224,864
Fuzeta G	$160,381	Gooi T L	$802,973	Halka H	$268,735
Gabriel M	$211,287	Goossen M	$536,565	Hamedani R	$402,347
Galenzoski K J	$242,192	Goossen R	$60,786	Hameed K A	$315,178
Galessiere P F	$549,044	Gordon J	$427,299	Hamideh F	$444,890
Galimova L	$294,193	Gordon S	$281,919	Hamm R C	$97,030
Gall R M	$463,385	Gordon W L	$229,053	Hammond G W	$118,402
Gallagher K	$125,847	Gorski B A	$342,912	Hamson A	$70,395
Garba S	$546,854	Goubran A W	$387,907	Hancock B J	$264,669
Garber L	$395,942	Gould L F	$381,160	Hanlon-Dearman A C	$107,345
Garber P J	$245,197	Govender P	$285,185	Hanna I	$131,513
Gard S	$277,640	Goytan M J	$394,785	Hanna M	$171,423
Garip S M	$207,723	Grabowski J L	$372,259	Harding G K M	$53,112
Gauthier S W	$55,513	Grace K J	$215,535	Harding G A J	$149,624
Gayed A	$119,908	Graham C P	$214,982	Harding G E	$505,038
George R H	$108,591	Graham K	$386,257	Hardy B [2]	$497,870
Georgi M	$52,164	Graham M R	$86,818	Haresha A	$286,340
Gera R M	$373,512	Graham R	$121,445	Harms S	$363,559
Gerber J D W	$305,326	Grass S B	$276,213	Harrington J	$107,158
Gerstner T V	$332,560	Gray M G	$300,080	Harris P	$778,879
Gertenstein R J	$471,537	Greenberg C R	$97,645	Harrison W D	$424,143
Ghebray T M	$183,310	Greenberg H M	$279,310	Hartley D M	$314,599
Ghoneim M S	$291,368	Greene R E	$83,828	Hasan M	$76,737
Giannouli E	$356,458	Gregoryanz T	$211,867	Hashmi S	$325,655
Giesbrecht D R	$339,549	Grenier D	$82,707	Hawaleshka A	$200,791
Giesbrecht J E	$115,164	Griffin P	$193,201	Hayakawa T E	$587,886
Giles B L	$77,523	Griggs G	$240,664	Haydey R P	$710,420
Gill E	$243,713	Grimbeek F	$276,143	Hayward R J	$462,105
Gillespie B	$709,304	Grimes R B	$211,705	Hechler P	$170,011
Gillespie J L	$218,372	Grobler W P	$338,855	Hechtenthal N	$184,265
Gingerich J R	$176,286	Grocott H P	$229,201	Hedden D R	$534,826
Gingerich R	$117,779	Groenewald L H	$108,128	Hedden J R	$123,376
Girard J	$289,137	Groohi B	$188,937	Heese H	$69,653
Girgis F S	$285,027	Groves L	$297,300	Heidenreich W	$145,084
Glacken R P	$294,798	Gudmundson C	$338,653	Helewa M E	$290,693
Glenn D M	$108,973	Guindi N S	$127,007	Helms J B	$448,380
Glezerson G	$412,729	Gujral P	$183,104	Henderson B [2]	$2,792,670
Globerman D J	$152,480	Gupta C K	$395,859	Henderson L P	$106,484
Gobeil J J G	$87,383	Gupta D K	$707,016	Henry D W	$142,512
Godlewski E J	$243,275	Guzman R	$593,265	Henry S F	$94,797
Godlewski W	$432,577	Gwozdecki T M	$176,669	Hershberg D M	$146,207
Godley M B	$62,143	Ha F T	$180,062	Hershfield E S	$209,368
Goeke F	$267,620	Haberman C J	$308,211	Hiebert T	$91,953
Goerz P G	$159,415	Haggard G G	$259,092	Hildahl C	$229,238
Goldberg A	$67,566	Hahlweg K A	$183,100	Hilderman L	$178,699
Goldenberg D	$450,123	Hai M A	$297,953	Hildes Ripstein G E	$125,766
Goldman B L	$51,071	Haiart D C	$373,373	Hitchon C	$137,413
Gomori A J	$173,241	Hajidiacos N	$188,513	Hlynka A	$324,104

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NAME:	$	NAME:	$	NAME:	$
Ho J	$125,212	Ingram P F	$178,547	Kadambi D R	$111,711
Ho K S	$51,629	Intrater H	$298,296	Kaethler W	$314,602
Hobbs C L	$71,690	Ip A	$287,333	Kahanovitch D	$293,907
Hobson D E	$341,987	Irving J E	$377,630	Kaita K D E	$301,335
Hochman D J	$446,429	Isaac C	$209,507	Kalicinsky C	$238,294
Hodge S A	$655,470	Isaacs R L	$276,130	Kalturnyk B P	$111,100
Hoeppner W T	$126,820	Islur A	$171,216	Kania J	$665,643
Holder F	$279,715	Ismail I	$54,604	Kaplan J	$73,605
Holland-Muter E	$198,351	Israels S J	$58,719	Karlicki F	$387,668
Holmes C	$124,402	Ivey J	$236,400	Karpinski M E	$252,826
Holowenko D S	$94,965	Jacob M V	$367,034	Karvelas J	$210,184
Holroyd D	$54,601	Jacob V C	$959,899	Kasper K D	$237,093
Holt S C	$239,390	Jacobs J	$405,140	Kassier K	$540,903
Homik L	$690,847	Jacobsohn E	$109,445	Kassis L	$245,458
Homoud M	$62,666	Jaeger C	$253,733	Kati A A	$111,228
Honiball J J	$365,474	Jain M	$466,951	Katz L	$116,648
Hooper D	$191,042	Jain N K	$83,925	Katz P	$167,351
Hooper W M	$97,016	James J M	$426,415	Kaufman R	$106,259
Horne D	$271,067	James K J	$53,843	Kaushal R D	$237,537
Hosegood G	$67,090	Jansen Van Rens N	$490,173	Kaviani M	$325,983
Hosking D	$419,323	Jason M	$265,580	Kayler D E	$567,902
Houston D S	$60,613	Jassal D	$165,484	Kearns K	$80,739
Howden W A	$238,955	Jebamani S	$248,214	Keddy-Grant J	$215,954
Hoy G J	$191,503	Jei Almdhem M	$265,902	Kehler T	$81,873
Hoy M L	$210,999	Jellicoe P	$79,121	Kelleher B E	$142,102
Hrabarchuk B	$375,968	Jenkinson D	$61,401	Kellen P	$262,949
Huebert D M	$455,600	Jensen B	$68,827	Kellen R I	$650,324
Huebert H T	$117,796	Jensen C W B	$282,531	Kemkaran K	$163,488
Hughes P M	$176,962	Jensen D M	$457,814	Kepron W	$282,480
Humphreys K M	$155,815	Johnson A W	$51,760	Kerr L	$105,545
Hurst L D	$359,582	Johnson B	$278,535	Kerr P D	$314,885
Husarewycz S	$368,783	Johnson C	$184,287	Kettler J J	$81,096
Hussain F	$749,009	Johnson D	$519,694	Kettner A	$124,994
Hussain M I	$276,566	Johnson E	$501,899	Khadem A	$384,804
Hussain S	$171,037	Johnson M G	$615,514	Khaleifa A O	$64,789
Hutfluss G J	$459,775	Johnson R G	$126,131	Khalil I	$238,155
Hyman J R	$182,179	Johnston C	$63,750	Khan A H	$401,349
Hynes A F	$159,212	Johnston J B	$179,446	Khan A	$167,088
Iancu D	$80,693	Johnston J L	$173,147	Khan N M	$398,974
Ibbitt C J	$229,509	Jolly K S	$329,923	Khandelwal A S	$406,112
Ibrahim A F A	$355,862	Jones K D	$149,559	Khangura D	$354,482
Ibrahim M	$237,458	Joshi D A	$113,496	Khelil A I	$221,037
Ijaz S P	$89,948	Joshi J N	$348,560	Khusi S	$88,509
Ilchyna D C	$259,978	Joshua J M	$199,221	Kimelman A L	$128,924
Ilnyckyj A	$198,351	Joundi M G	$297,369	Kindle G F[2]	$486,768
Ilse W K	$272,070	Jovel R E	$201,078	King T D	$71,928
Imam I E B	$141,904	Jowett A	$333,004	Kinnear D	$251,093
Ingimundson J C	$165,376	Junaid A	$223,086	Kinsner J M	$151,635
Inglis D	$421,657	Kabani A M	$115,784	Kippen R N	$336,108

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NAME:	$	NAME:	$	NAME:	$
Kirkpatrick I D C	$342,285	Krongold I [2]	$1,102,224	Lee F F	$338,913
Kirshner A	$295,757	Kruk R D	$253,504	Lee G Q	$184,047
Kish S L	$108,918	Krzyzaniak K M	$227,414	Lee H B	$270,013
Kisil D	$70,992	Kucheravy M	$50,792	Lee J J Y	$575,025
Klaponski S	$114,982	Kucheravy T	$60,757	Lee L	$142,801
Klassen D H	$206,075	Kucparic P	$161,086	Lee S	$660,508
Klassen L J	$109,975	Kuegle P F X	$300,558	Lee T J	$319,837
Klassen N F	$272,968	Kulbisky G P	$66,773	Lee T W	$343,209
Klassen O	$185,013	Kumar A	$498,462	Lee V K	$656,185
Kliewer K	$289,216	Kuo B	$375,277	Lee-Kwen J	$50,075
Klippenstein N L	$541,432	Kyeremateng D	$273,749	Lee-Wing M W	$542,576
Kloppers A A	$321,245	Labella L	$90,766	Leen D A	$296,752
Kluke C	$63,301	Lacerte M M	$236,966	Lefevre G R	$62,211
Klym K L	$110,824	Lach L A	$103,034	Lehmann H	$114,713
Knezic K A	$138,125	Lafontaine I [4]	$741,102	Lei B T C	$339,998
Koczanski R	$138,203	Lage K L	$190,604	Leicht R	$983,725
Koensgen S J	$205,126	Lagowski M C	$231,241	Leitao D J	$319,639
Koh C	$106,973	Lam D S C	$211,324	Lemoine G G	$225,788
Kohanek F L	$68,266	Lam H P	$524,732	Lemon K	$60,895
Kolt A M	$101,830	Lamb J A	$126,105	Lemon P W	$301,526
Koltek M M	$74,376	Lamba K S	$253,081	Lerner M	$82,411
Komenda B W	$249,671	Lambert D A	$87,401	Lerner N	$322,615
Komenda P V J [3]	$732,233	Lambrechts H	$224,025	Leslie H	$64,886
Komosky J	$136,334	Lander D A	$80,526	Letkeman R C	$343,426
Kong A M C	$252,304	Lander M	$104,468	Letts K	$111,692
Koodoo S R	$281,469	Lane E S	$210,025	Leung Shing L P	$242,312
Korol G	$217,097	Lane M A	$96,782	Levi C S	$391,411
Kos G P	$54,813	Lang C	$278,058	Levin B L	$435,910
Kotecha Y	$340,395	Langan J T	$418,584	Levin G	$215,168
Koulack J	$568,765	Langridge J K	$265,217	Levin H	$301,051
Kousonsavath R	$170,014	Large G	$248,919	Levy S B	$230,098
Koven S	$172,947	Larue L B	$155,703	Leylek A	$132,263
Kovnats S	$114,484	Latosinsky S	$357,497	Lezack J D	$366,044
Kowalchuk I J	$304,801	Lau Y	$469,970	Li W	$244,656
Kowalski S	$194,757	Laurencelle R	$78,490	Lieberman D K	$244,563
Kraemer G	$145,812	Lautatzis M [2]	$698,229	Lindenschmidt R	$278,528
Krahn C	$319,461	Lautenschlager E	$77,971	Lindquist L [2]	$612,365
Krahn J	$301,697	Lavallee B	$110,166	Lindsay D	$81,206
Krahn M	$101,597	Lavitt G	$60,002	Lindsay D J	$806,526
Kramer M	$182,062	Lawrence P H	$525,538	Lindsay G M	$123,610
Kraut A	$74,017	Lazar M H	$288,341	Lines J B	$92,852
Kredentser J	$175,374	Lazarus A	$377,482	Lint D W	$78,997
Kremer S	$102,088	Le Roux A A	$55,938	Lipinski G	$274,250
Kreml J	$293,283	Le Roux C	$185,135	Lipnowski S	$591,491
Krepart G	$288,655	Le Roux P C	$467,048	Lipschitz J	$623,643
Kroczak T J	$235,989	Leader E	$58,443	Lipson A H	$194,316
Kroeker L R	$377,912	Lebedin W W	$331,651	Littleford J A	$227,063
Kroeker M A [2]	$2,578,870	Lecuyer N S	$137,455	Liu J	$131,042
Kroft C D L	$92,733	Lee B D	$78,223	Lloyd D A	$121,007

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NAME:	$	NAME:	$	NAME:	$
Lloyd R L	$289,127	MacMillan M B	$286,800	McCarthy B G	$181,184
Lo E	$128,082	Macnair T L	$239,695	McCarthy G F	$614,124
Loader K	$263,904	Macrodimitris A G	$168,307	McCarthy T G	$504,210
Lockman L E	$424,479	Magarrell C	$70,794	McClarty B	$550,627
Lockwood A P	$62,842	Maguire D	$307,674	McConnell M	$264,964
Loepp C	$170,700	Maharaj G R	$195,832	McCullough D W	$105,362
Lofgren S R	$128,503	Maharaj I G	$302,656	McDonald H D	$234,027
Logan A C	$488,962	Maharajh D A	$232,051	McFadden L R	$307,945
Logsetty S	$164,318	Mahay R K	$410,774	McGinn G	$1,098,854
Loh C C	$127,978	Maier J C	$204,937	McGregor B	$178,611
Loiselle J A	$269,359	Maiti S	$62,082	McIntyre I L	$209,531
Long A L	$1,008,957	Major P [2]	$874,793	McKay M A	$233,127
Longstaffe A E	$359,976	Makar A	$73,178	McKenzie T	$202,084
Longstaffe S	$212,083	Maksymiuk A W	$138,433	McKiernan B	$295,930
Lopez G	$58,288	Malabanan E	$359,338	McLeod J K	$158,180
Lotocki R J	$465,354	Malchy B A	$174,073	McNaught J	$147,684
Loudon M	$239,704	Malik A	$97,828	McNeill A M	$211,667
Lowden C S	$345,201	Malik B S	$202,516	McPhee J	$219,103
Lowther G H	$69,817	Mallick K C	$611,073	McPherson J A M	$197,681
Lu P B	$171,363	Manishen W J	$385,784	McTaggart D L	$181,945
Lucash S E	$170,998	Manness R C	$189,635	McTavish W G	$267,236
Lucman L L [1]	$574,619	Manusow D	$397,271	Mehta A	$157,863
Lucman T S	$96,322	Marais F	$361,201	Mehta P G	$407,849
Lucy S	$357,013	Marantz J	$101,545	Mellon A M	$427,545
Ludwig L	$168,452	Mare A C	$317,453	Memon G	$288,942
Ludwig S	$216,529	Margolis N	$336,586	Memon R	$233,423
Luk T L	$281,522	Marles S L	$87,890	Menard S L	$363,606
Lukie B J	$333,210	Marsh D W	$214,419	Menard S	$96,595
Lum Min S	$225,109	Marshall M	$72,219	Mendis M R	$116,442
Lyons E A	$532,613	Martens M D	$72,187	Menkis A H	$134,058
Lysack A M	$337,080	Martens R	$235,152	Menticoglou S	$650,561
Lysack D A	$431,685	Martens Barnes C	$107,838	Menzies R J	$487,146
Lysack J T	$147,068	Martin D	$157,691	Mercier N	$149,222
Mabin D	$452,211	Martinez E R	$245,909	Mestdagh B E	$121,518
MacDiarmid A L	$160,830	Marx T	$341,113	Mestdagh R J	$87,713
MacDonald N	$292,127	Maslow K D	$650,475	Mestito Dao I	$56,048
MacDonald P	$347,407	Matas M	$132,044	Meyrowitz D	$359,741
MacDougall B	$232,229	Mathen M K	$718,063	Mhanni A	$140,579
MacDougall E	$159,146	Mathew G	$304,487	Mian M T	$224,165
MacDougall G	$492,443	Mathieson A L	$177,171	Micflikier A B	$1,518,662
Maceachern N	$275,284	Mathison T L	$156,573	Mikhail S N F	$231,565
Macek R K W	$132,525	Matsubara T K	$280,293	Milambiling E M	$360,991
MacIntosh E L	$435,577	Matthew T	$287,408	Milambiling L C P	$270,671
Mackalski B A	$395,771	Maxin R	$103,539	Miller A	$81,977
MacKay M J	$115,017	Maxwell I	$299,936	Miller D M	$354,401
MacKenzie G S	$177,772	Mayba I I	$189,204	Miller D L	$347,519
Macklem A K	$365,123	Mayba J I	$579,551	Miller L	$357,075
MacLeod B A	$226,545	Maycher B	$1,077,746	Miller M	$610,571
MacMahon R	$286,035	McCammon R J	$160,220	Miller T L	$129,516

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NAME:	$	NAME:	$	NAME:	$
Mills B J	$129,078	Mulhall D	$58,168	Oen K G	$86,592
Milner J F	$612,949	Muller J G	$74,355	Olafson K	$53,993
Mina M M F	$134,534	Muller Delgado H A	$330,443	Oliver J	$53,247
Minhas K K S	$473,796	Mundle S	$56,020	Olivier S	$513,460
Mink S	$170,062	Munsamy G K	$252,075	Olson R L	$212,852
Minnaar J	$247,206	Murray D	$441,607	Olynyk F	$137,306
Mintz S L	$72,148	Murray G G	$56,128	Omelan C K	$142,876
Minuk D	$50,085	Murray K	$464,026	Omichinski L M	$310,167
Minuk E	$131,061	Muruve G N	$308,993	Ong B Y	$419,672
Minuk G	$64,087	Mustafa A	$84,470	Ong G H	$378,604
Miranda G	$145,393	Mustapha S F	$98,242	Onotera R	$254,704
Mis A A	$383,630	Mutch W A C	$135,477	Onyshko D J	$60,722
Miskiewicz L M	$118,716	Mutter T C	$242,959	Ormiston J D	$317,091
Mittoo S	$69,134	Myers W E	$464,729	Orr P	$149,287
Moddemann D	$167,072	Mykytiuk P	$236,697	Osler F G	$252,629
Mohamdee J F	$159,806	Mysore M	$322,767	Pachal C A	$197,145
Mohamed A S	$277,481	Nachtigal H	$61,989	Pacin A	$186,947
Mohamed M A M	$336,815	Naidoo J [1]	$10,194,261	Pacin O	$254,702
Mohammed I	$282,590	Naidoo S P [1]	$5,060,105	Pacin S	$346,277
Moharib N	$62,006	Nair U K	$308,953	Padeanu F T	$186,181
Moller E E	$136,448	Narvey E B	$64,267	Padua R N	$261,080
Moller L	$305,819	Nason R W	$223,772	Paetkau D	$241,964
Moller P R	$475,219	Nasr N Y I	$257,386	Panaskevich T	$560,872
Moltzan C	$227,914	Naugler S	$411,757	Pandey A K	$71,379
Momoh J T	$461,680	Nause L N	$273,454	Pang E G	$139,432
Moncek J A	$374,877	Navaratnam S	$66,554	Pannu F	$190,431
Monkman L M	$216,303	Nawrocka D	$171,317	Papegnies D	$69,999
Monson R C	$198,964	Nazar-Ul-Iman S	$456,951	Paquin R W [2]	$1,088,917
Monteiro G E	$314,854	Nelko S	$58,531	Parham S M	$282,381
Montgomery P	$256,746	Nell A M	$483,813	Parker K R	$255,099
Moody J K	$161,702	Nemeth P	$287,784	Partap N A	$125,792
Moon M	$546,360	Nepon J	$298,809	Partridge G	$78,965
Moore R F	$132,379	Neufeld B	$51,919	Pascoe E A	$407,945
Moran De Muller K	$558,268	Neufeld H	$110,900	Paskvalin M	$181,982
Morham A	$203,824	Newman F	$241,995	Pasterkamp H	$133,101
Morier G S	$112,898	Newman S	$231,692	Patel L R	$327,123
Moroz S P	$77,080	Nguyen H	$345,912	Patel Praful C	$599,122
Morris A L	$254,535	Nguyen K M	$251,073	Patel Pravin C	$443,461
Morris G S	$234,913	Nguyen L	$304,910	Patel R C	$447,853
Morris M	$196,074	Nguyen M H	$403,385	Patel S V	$218,560
Morris M W	$95,832	Nicolle L E	$188,216	Patel S P	$178,042
Morton P G D	$152,311	Nigam R	$388,144	Pathak K K	$182,747
Mostert F	$162,897	Noel C	$630,268	Pather A	$64,200
Mouton R W	$299,450	Nugent L M	$335,400	Pawlak J	$108,052
Mowchun L	$66,056	Nyomba B L	$135,398	Peled E	$219,370
Mowchun N	$248,026	O'Hagan D B	$456,215	Pelissier R	$93,029
Mshiu M	$161,360	O'Keeffe K M	$194,777	Penner K	$179,669
Muhamedagic T	$124,525	O'Sullivan M J	$65,787	Penner L R	$98,197
Muirhead B	$219,972	Ochonska M	$390,631	Penner S B	$274,532

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NAME:	$	NAME:	$	NAME:	$
Penner V	$52,232	Pretorius A	$170,968	Ringaert K	$212,232
Penrose M	$326,436	Pretorius L L	$93,010	Riordan P	$202,707
Perkins G	$69,114	Price J	$260,791	Ritchie B A	$308,831
Perlov J	$204,856	Prinsloo J	$285,715	Ritchie J	$196,803
Permack S	$229,896	Pritchard P	$80,449	Rivas J H	$67,489
Perrett M	$81,447	Prober M A	$184,545	Rivkin B	$67,037
Perry D I	$237,353	Prodan O	$108,949	Roberts J R	$290,311
Peschken C	$86,991	Psooy K J	$84,246	Roberts M	$54,713
Peters D	$205,039	Putnins C	$68,186	Robertson G A	$71,854
Peters H O	$210,366	Puttaert D	$91,308	Robillard S C	$155,654
Peters H	$280,635	Pymar H C	$223,303	Robinson C C	$221,938
Peterson J	$278,238	Quan W	$257,653	Robinson D B	$224,333
Petkau A	$160,757	Quesada R	$275,360	Robinson D J	$413,576
Petrilli L A	$54,621	Raabe M A	$565,592	Robinson J	$501,935
Pettinger C S	$182,264	Rabson J L R	$1,025,798	Robinson W	$309,803
Philipp R K	$637,846	Racette T	$126,719	Rocha G	$857,978
Pickard K	$142,515	Rafay M F	$96,669	Roche G	$219,506
Pickering B	$339,357	Raghavendran S	$288,794	Rodriguez I M	$125,851
Pierce G W [2]	$587,663	Rahman J	$316,514	Roe B E	$103,384
Pierce T L	$93,743	Raimondi C	$221,697	Roets W G	$50,857
Pieterse Werner	$228,130	Rajamohan C	$509,505	Rogozinska L	$483,893
Pieterse Wickus	$385,918	Rajani K R	$530,984	Rohald P	$82,143
Pilat E J	$197,016	Ramadan S I	$391,955	Roman M	$143,146
Pilkey B D	$304,532	Ramaya S	$273,991	Roman N	$100,337
Pillay P G	$397,574	Ramgoolam R	$343,134	Ronald A R	$101,258
Pinder M	$276,460	Ramsay J A	$108,983	Roos P J	$70,129
Pinette G D	$190,249	Ramsey C D	$153,535	Rosario R	$83,369
Pinniger G W	$257,234	Randolph J L	$68,144	Rosenberg R J	$54,024
Pintin-Quezada J	$366,812	Rao K B	$444,318	Rosenthal P	$220,705
Pio A	$299,045	Raubenheimer J P	$309,460	Ross F J	$155,059
Pirzada M A	$342,297	Reeves J D	$52,310	Ross F K	$119,997
Pittman P	$173,569	Rehsia D	$759,791	Ross J F	$715,814
Platonov M A	$172,284	Reid G J	$355,329	Ross J J	$279,514
Plueschow M	$57,905	Reimer D K	$248,579	Ross L L	$339,007
Podolsky G R	$112,942	Reimer D J	$471,028	Ross T K	$164,539
Poettcker R J	$318,307	Reimer H	$234,430	Rossouw J [1]	$1,122,400
Polimeni C	$136,279	Reimer M B	$223,239	Rothova A	$270,079
Polimeni J O	$125,611	Rempel R G	$158,264	Roussin B C	$237,364
Pollock B	$515,086	Renouf F	$281,133	Roux J G	$269,566
Poon W W C	$243,225	Reslerova M [3]	$496,959	Rowe R C	$174,542
Popoff D	$153,138	Reyneke A	$336,173	Roy D	$116,240
Popowich S	$424,060	Reynolds J L	$58,910	Roy M J	$195,043
Possia C	$53,718	Rice P	$248,759	Roy M	$176,629
Postl B	$81,075	Rich A D	$237,759	Rubinger M	$147,503
Potoski J P	$424,075	Richardson C J	$328,534	Rubinstein E	$135,630
Potter J	$80,523	Riche B [3]	$564,761	Ruddock D L	$309,432
Prasad B	$182,819	Ridah D	$153,552	Rumbolt B R	$287,833
Preachuk C T J	$93,321	Rigatto C	$626,940	Rusen J B	$302,923
Prenovault J	$345,280	Ring H	$385,389	Rush D N	$116,058

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NAME:	$	NAME:	$	NAME:	$
Rush N O S	$152,222	Scott-Herridge G	$52,848	Simm J F	$214,766
Rusnak B	$260,857	Seager M J	$416,334	Simons I W C	$57,758
Rust G	$74,412	Seftel M D	$110,207	Simonsen J N	$95,854
Rust L	$93,546	Segstro R J	$244,143	Simonson D W	$132,363
Ryall L A	$76,194	Seguin A	$51,715	Sin S	$60,417
Ryckman B A	$188,165	Seifer C M	$279,347	Singal R K	$86,253
Saad N	$62,455	Seifer R	$71,736	Singer M	$149,995
Saadia R	$232,503	Seitz A R	$222,373	Singh A	$301,217
Sabeski L M	$363,140	Selaman M H	$169,954	Singh G B	$442,263
Sadri D	$288,618	Sellers E	$80,241	Singh H	$282,587
Saettler E	$207,569	Sen R	$178,814	Singh M	$382,088
Sala T N	$164,688	Senderewich E C	$60,128	Singh N	$54,910
Salamon E	$598,005	Sethi K	$128,406	Singh R	$169,264
Salem F	$578,245	Sethi S	$343,540	Singh S	$50,486
Salman M S	$72,502	Sett S	$90,098	Sinha M	$299,837
Salter-Oliver B A	$70,743	Sewell G	$100,613	Sinha S N	$404,769
Sam D	$142,848	Shabash O M	$101,096	Sippy R	$72,725
Sami S	$183,445	Shah B	$353,422	Skakum K K	$157,170
Samuels E R	$144,980	Shaikh N	$138,535	Skead L	$383,659
Samuels L	$351,304	Shane F	$118,671	Skrabek R Q	$71,338
Sanders R W	$134,985	Shane M	$338,642	Sloan G	$179,191
Sandhu M S	$317,325	Sharif M N	$384,789	Slutchuk M	$267,267
Sandhu S S	$486,251	Shariff F K	$118,351	Small L	$65,567
Saran K D	$159,000	Sharkey J B	$384,190	Smart J R A	$315,477
Saranchuk J W	$359,376	Sharma S	$477,836	Smil E	$224,068
Sareen J	$76,988	Shatsky M	$60,069	Smit F	$240,464
Sareen S	$314,155	Shelton P A	$197,526	Smith C	$177,442
Sarlas E	$120,461	Shenouda P F S	$289,980	Smith D D	$79,376
Sathya J	$168,022	Shepertycky M R	$371,484	Smith H W E	$287,424
Sathya P	$67,060	Sheps M	$395,254	Smith L F	$457,647
Saunders K	$180,303	Shiffman F H	$429,689	Smith R G	$307,539
Savage B	$220,574	Shnider M	$136,842	Smith R W	$260,401
Sawka S E [2]	$1,306,090	Shojania A M	$206,720	Snovida L	$234,704
Sawyer J A	$343,965	Shuckett P	$367,487	Sokolowski D	$230,136
Scatliff J	$280,829	Shum K C	$268,527	Sommer H M	$291,455
Schachter M A	$133,707	Shumsky D	$77,621	Soni A	$139,567
Schacter B A	$77,429	Shunmugam R	$646,963	Soni N R	$252,424
Schaeffer D	$61,797	Sickert H G	$92,906	Soni S	$331,651
Schaub J C	$96,577	Siddiqui F S	$91,494	Sood M	$595,302
Schellenberg J D	$247,316	Sigurdson E	$141,456	Sookermany N	$58,421
Schellenberg W C	$437,680	Sigurdson L J	$161,071	Speer M	$197,378
Schledewitz I L	$73,753	Sikora F J	$287,565	Spence E B	$51,798
Schmidt B J	$87,224	Silagy S	$445,639	Srichandra W	$223,828
Schneider C E	$319,509	Silha J	$145,039	Srinathan S K	$73,056
Schroeder A N	$318,081	Silver H	$195,914	St John P D	$154,140
Schroeder G	$241,052	Silver N A	$191,921	St Vincent A	$269,010
Schur N K	$383,467	Silver S	$867,935	Stanko L	$308,950
Schwartz L D	$290,433	Silverman R E	$304,658	Stearns E	$198,698
Scott J	$450,646	Simard-Chiu L A	$168,352	Stecher R D	$229,072

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NAME:	$	NAME:	$	NAME:	$
Stedman N	$69,133	Taylor H R	$513,165	Van Alstyne M	$442,005
Stefanyshen G S	$170,010	Taylor P D	$57,026	Van Ameyde K	$236,718
Steinberg F	$110,932	Taylor S N	$501,973	Van De Velde R	$118,811
Steinberg R J G	$156,824	Teo S L	$270,167	Van Der Byl G	$111,971
Stelzer J	$190,050	Theodore G M	$282,202	Van Der Zweep J	$293,523
Stephensen M C	$291,170	Therrien D J	$72,637	Van Gend R	$230,444
Stewart G B	$71,746	Thess B A	$172,219	Van Horne W A	$147,844
Stillwater R B	$142,189	Thiessen M N	$207,225	Van Ineveld C	$55,200
Stimpson R	$122,914	Thiessen R J	$67,349	Van Jaarsveldt W	$416,090
Stitt G P	$55,864	Thille S M	$220,531	Van Niekerk E	$281,641
Stitz M	$293,732	Thomas S T	$239,213	Van Niekerk S	$330,290
Stockl F A	$887,337	Thompson R A	$58,397	Van Rensburg C J	$340,868
Stoffman J M	$85,648	Thompson S B	$123,119	Van Rensburg N	$337,604
Stone J D	$417,741	Thompson T R	$177,058	Van Rensburg P D J	$389,677
Storoschuk G W	$248,695	Thomson G T D	$188,696	Van Rooyen M L	$513,379
Storsley L J	$360,472	Thomson I R*	$285,498	Varma A	$397,484
Stoski R M	$315,803	Thorlakson D	$167,986	Vasconcelos J A	$247,612
Stoykewych A A	$85,154	Thorlakson I J	$194,403	Vattheuer A	$70,134
Stronger L	$82,072	Thorlakson R H	$339,209	Vattheuer F B	$155,172
Strumpher J	$288,337	Thottingal A P	$166,611	Venkatesan N	$126,805
Sud A K	$755,900	Thwala A B	$454,865	Verma M R	$352,212
Sulaiman M	$185,405	Timmerman D	$51,231	Verrelli M	$364,790
Sullivan M	$84,445	Tischenko A	$152,744	Viallet N R	$252,758
Suski L	$53,892	Toews K A	$302,147	Vianzon C S	$391,390
Susser M	$188,323	Tohme J	$143,260	Vicari D	$55,836
Sutherland D E	$240,274	Tole G D	$56,862	Vickar E L	$309,064
Sutherland E N	$325,328	Tomchuk E	$409,216	Vignudo S	$119,597
Sutherland J G	$167,706	Tomy P	$253,726	Violago F	$272,042
Sutherland S	$689,914	Toole J	$487,510	Vipulananthan M	$260,284
Sutter J A	$334,116	Townley R	$172,947	Vipulananthan V	$221,088
Sutton I R	$375,273	Trainor J M [1]	$7,794,832	Visch S H R	$140,505
Swain V J	$91,437	Tran C P	$242,263	Visser G	$407,840
Swartz J	$144,555	Trinh H	$241,750	Visser H B	$61,361
Swenarchuk G	$66,714	Tsang D	$377,526	Vlok N	$291,654
Symchych M	$65,927	Tsang M T	$260,063	Vo M	$219,226
Syslak W B	$70,099	Tse W C	$97,011	Voyer D	$95,827
Szajkowski S	$248,321	Tsuyuki S H [2]	$443,705	Waechter J E	$89,978
Szwajcer D	$107,895	Tufescu T	$229,654	Wakeman M S	$69,717
Taback S P	$77,169	Tulloch H V	$156,863	Waldman J C	$215,128
Tam J W	$147,577	Tung P	$411,019	Wallace S E	$249,153
Tamayo Mendoza J A	$114,281	Turabian M	$265,528	Walli J E	$480,661
Tan L	$402,094	Turgeon T	$311,312	Walters J J	$642,603
Tang-Wai R	$331,946	Turner D R	$328,888	Wang J	$240,433
Tapper R	$68,405	Turner R B	$443,515	Warraich N	$483,888
Taraska V	$620,513	Ullyot S	$169,660	Warrian R K	$330,487
Taraska Victoria	$470,508	Ulmer M	$296,713	Warrington R	$229,380
Targownik L E	$233,680	Unruh H W	$382,054	Watson J D	$57,675
Tawadros M B	$234,526	Uys T	$259,238	Watters T	$75,882
Tawfik Helmy S	$150,228	Uzwyshyn M	$58,627	Weebedda U S K	$75,833

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NAME:	$	NAME:	$	NAME:	$
Weihs R	$55,419	Winistok W	$150,498	Yamsuan M	$235,626
Weirich M K	$185,695	Winogrodzka C	$274,457	Yang J	$98,611
Weizman S	$388,311	Winzoski T	$75,902	Yankovsky A	$95,359
Welch G J	$53,050	Wirch M F	$172,061	Yanofsky R	$64,402
Werier J	$309,633	Wirtzfeld D	$61,181	Yaren S	$140,547
White B K	$110,015	Wiseman D G H	$213,045	Yeung C	$312,154
White O J	$613,134	Wiseman M C	$432,282	Yip B	$373,863
White S	$81,681	Wiseman N	$385,868	Young B C	$202,028
White V P	$67,915	Woelk C	$294,465	Young J	$69,501
Whittaker E	$143,583	Wolfe K B	$240,140	Young R S	$386,641
Wickert W A	$201,374	Wolfe S A	$268,958	Youssef V S	$173,418
Wiebe K	$51,173	Wong H	$255,526	Yuen C K	$325,880
Wiebe K L	$114,295	Wong J K	$121,996	Zabolotny B P	$359,610
Wiens A V	$427,980	Wong R P W	$367,269	Zacharias G W	$162,392
Wiens J J	$537,604	Wong S W C	$395,127	Zacharias J [3]	$426,384
Wiens J L	$633,422	Wong S G	$162,807	Zaki A E	$52,250
Wiens P J	$58,890	Wong T	$262,398	Zaki M F	$435,063
Wiesenthal B D	$174,275	Woo C	$307,133	Zeiler F	$477,518
Wiesenthal Z	$188,484	Woo N	$536,607	Ziaei Saba S	$341,750
Wightman H R [1]	$4,494,626	Woo V C	$519,481	Zieroth S R	$166,304
Wilkie C	$56,098	Woods A K	$207,190	Ziesmann M	$751,170
Willemse P	$855,268	Woolford B	$53,026	Zimmer K W	$277,270
Williamson D	$94,618	Wowk-Litwin M L	$148,494	Ziomek A	$105,927
Willows J R	$605,746	Wozney L R	$106,125	Zivot J	$116,020
Wilson A S	$79,442	Yaffe C	$672,958	Zloty R B	$117,477
Wilson G P	$326,853	Yale R	$94,734	Zoppa R	$309,518
Wilson M [2]	$1,162,884	Yamamoto K	$287,942	Zurbyk R	$77,211

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Explanatory Notes:

(1) Director of a private laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 119 for list of facilities).

(2) Director of a private radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 120 for list of facilities).

(3) Billings for Dialysis services representing the work of more than one physician. (See page 121 for list of facilities).

(4) Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 121 for list of facilities).

Laboratory Directors and Facilities

Czarnecki W	Manitoba Clinic
Lucman L L	Winnipeg Clinic
Rossouw J	Western Medical Clinic The Brandon Clinic Clement Bloc Lab
Naidoo J	Central Medical Laboratory
Naidoo S P	Southwood Laboratory Unicity Lab Services-McPhillips Street
Trainor J M	Medical Arts Building Windsor Park Medical Centre Lakewood Medical Centre
Wightman H R	Assiniboine Clinic Lab

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Radiology Directors and Facilities

Boult Ian F	Winnipeg Radiology Consultants - Charleswood Clinic
Coueslan G W	The Brandon Clinic Clement Block X-Ray
Eaglesham H	Lakewood Medical Center Manitoba X-Ray Clinic – Misercordia Care Centre
Hardy, B	Winnipeg Radiology Consultants – Health Sciences Centre
Henderson, B	Winnipeg Radiology Consultants – Markham Professional Centre Winnipeg Radiology Consultants - Medical Arts Building
Kindle G	Brandon General Hospital
Kroeker M A	Manitoba X-Ray Clinic – MRI Tache Branch
Krongold I	Kaprowy & Associates Drs. Assiniboine Clinic Parkview X-Ray Clinic
Lautatzis M	Boyd X-Ray Clinic Legacy X-Ray Seven Oaks X-Ray Clinic
Lindquist L	Winnipeg Clinic Linquist Medical Corporation-Radiology Consultants of Winnipeg Winnipeg Clinic
Major P	Manitoba Clinic
Paquin R W	Transcona Clinic X-Ray Metro X-Ray Clinic – Rothesay
Pierce G W	Manitoba X-Ray Clinic – Westwood Branch
Sawka S	Manitoba X-Ray Clinic – Elmwood Branch – Westwood Portables Diagnostic Services Division Manitoba X-Ray Clinic
Tsuyuki S H	St. Boniface Clinic
Wilson M	Manitoba X-Ray Cinic – Misericordia Care Centre

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Dialysis Directors and Facilities

Allan, D R	Health Sciences Centre
Armstrong, S	St. Boniface General Hospital
Bernstein, K	Health Sciences Centre and Seven Oaks
Bueti, G	Health Sciences Centre
Komenda P V J & Reslerova M	St. Boniface General Hospital
Riche, B	Brandon General Hospital
Zacharias, J	Local Centres Dauphin General Hospital Flin Flon General Hospital Lakeshore General Hospital Morden Hospital Norway House Hospital Pine Falls Hospital Portage District General Hospital Selkirk General Hospital The Pas Health Complex Thompson General Hospital

Nuclear Medicine Directors and Facilities

Dupont J O	Nuclear Medicine Consultants Winnipeg Clinic – Nuclear Medicine St. Boniface General Hospital- Nuclear Medicine
Lafontaine I	Brandon

APPENDIX I

SUMMARY OF STATUTES RESPONSIBILITY - MINISTER OF HEALTH

THE ANATOMY ACT (A80)
- Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- Sets out who is entitled to claim a body.
- Regulates what can and cannot be done with bodies that are not claimed.

THE CANCERCARE MANITOBA ACT (C20)
- Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

THE CHIROPRACTIC ACT (C100)
- Authorizes The Chiropractors' Association to regulate chiropractors in Manitoba.

THE DENTAL ASSOCIATION ACT (D30)
- Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

THE DENTAL HEALTH WORKERS ACT (D31)
- Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act.*

THE DENTAL HEALTH SERVICES ACT (D33)
- Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

THE DENTAL HYGIENISTS ACT (D34)
(Proclaimed April 15, 2008)
- Authorizes the College of Dental Hygienists to regulate Dental Hygienists.

THE DENTURISTS ACT (D35)
- Authorizes The Denturists Association to regulate denturists in Manitoba.

THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)
- (Except with respect to elderly persons' housing units as defined in the Act)
- Governs the establishment of housing accommodation for the elderly or infirm.

THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)
- Regulates emergency medical response services and personnel and stretcher transportation services and personnel.

THE DEPARTMENT OF HEALTH ACT (H20)
- Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the department.
- Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)
- Governs the establishment and operation of health and social services districts.
- No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act.*

THE HEALTH SERVICES ACT (H30)
- Governs the establishment and operation of hospital districts.
- No new hospital districts have been established since the enactment of *The Regional Health Authorities Act.*

THE HEALTH SERVICES INSURANCE ACT (H35)
- Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

THE HEARING AID ACT (H38)
- Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

THE HOSPITALS ACT (H120)
- Relates to the operation of hospitals except for private hospitals.

THE HUMAN TISSUE GIFT ACT (H180)

- Regulates organ and tissue donations in Manitoba.
- Designates "human tissue gift agencies" that are to be notified when a person has died or is about to die.

THE LICENSED PRACTICAL NURSES ACT (L125)

- Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

THE MEDICAL ACT (M90)

- Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)

- Requires the payment of dues by members and non-members of the Manitoba Medical Association.

THE MEDICAL LABORATORY TECHNOLOGISTS ACT (M100)

- Authorizes the College of Medical Laboratory Technologists to regulate Medical Laboratory Technologists.

THE MENTAL HEALTH ACT (M110)

(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))

- Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- Governs the appointment and powers of Committees for persons who are not mentally competent.

THE MIDWIFERY ACT (M125)

- Authorizes the College of Midwives of Manitoba to regulate midwives.

THE NATUROPATHIC ACT (N 80)

- Authorizes the Manitoba Naturopathic Association to regulate naturopaths.

THE OCCUPATIONAL THERAPISTS ACT (05)

- Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

THE OPTICIANS ACT (060)

- Authorizes The Opticians of Manitoba to regulate opticians.

THE OPTOMETRY ACT (070)

- Authorizes the Manitoba Association of Optometrists to regulate optometrists.

THE PERSONAL HEALTH INFORMATION ACT (P33.5)

- Protects personal health information in the health system in Manitoba.
- Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

THE PHARMACEUTICAL ACT (P60)

- Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- Allows for the establishment and maintenance of a provincial drug formulary.

THE PHYSIOTHERAPISTS ACT (P65)

- Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

THE PODIATRISTS ACT (P93)

- Authorizes the College of Podiatrists of Manitoba to regulate podiatrists.

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)

- Governs the operation and administration of the provincial drug benefit program.

THE PRIVATE HOSPITALS ACT (P130)

- Governs the licensing and operation of private hospitals.
- There are no private hospitals currently operating in Manitoba.

THE PROTECTION FOR PERSONS IN CARE ACT (P144)

- Requires the reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.
- Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

THE PSYCHOLOGISTS REGISTRATION ACT (P190)

- Authorizes the Psychological Association of Manitoba to regulate psychologists.

*THE PUBLIC HEALTH ACT**(P210)*

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

**(Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation (M.R. 78/2004) under *The Public Health Act*, which is assigned to the Minister of Finance.)

THE REGIONAL HEALTH AUTHORITIES ACT (R34)

- Governs the administration and operation of regional health authorities.

THE REGISTERED DIETITIANS ACT (R39)

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

THE REGISTERED NURSES ACT (R40)

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

THE REGISTERED PSYCHIATRIC NURSES ACT (R45)

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

THE SANATORIUM BOARD OF MANITOBA ACT (S12)

- Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

THE TESTING OF BODILY FLUIDS AND DISCLOSURE ACT (T55)

(Not yet proclaimed)

- This Act enables a person who has come into contact with a bodily fluid of another person to get a court order requiring the other person to provide a sample of the fluid. The sample will be tested to determine if that person is infected with certain communicable diseases.

THE TOBACCO DAMAGES AND HEALTH CARE COSTS RECOVERY ACT (T70)

(Not yet proclaimed)

- Allows the province to take legal action against tobacco manufacturers to recover the cost of health care benefits paid in respect of tobacco-related diseases.

STATUTES RELATED TO HEALTHY LIVING

THE ADDICTIONS FOUNDATION ACT (A60)

- Creates the Addictions Foundation of Manitoba and provides for the Foundation to provide necessary services for problems relating to the use or abuse of alcohol and other drugs and substances.

THE NON-SMOKERS HEALTH PROTECTION ACT (N92)

- Prohibits the sale of tobacco products to children.
- Prohibits smoking in enclosed public places and prohibits smoking in indoor workplaces where the province has clear jurisdiction subject to certain exceptions.

THE YOUTH DRUG STABILIZATION (SUPPORT FOR PARENTS) ACT (Y50)

- Assists parents to deal with a child who has a serious drug problem. They can apply to have the young person taken to a safe and secure facility for up to seven days, where his or her condition will be assessed and stabilized, and a plan for treating the drug abuse will be developed.

and:

Manitoba Prenatal Benefit Regulation (M.R. 89/2001) made under *The Social Services Administration Act*.

APPENDIX II

LEGISLATIVE AMENDMENTS IN 2008 - 2009

The Dental Hygienists Act (in force April 15, 2008)

- This Act defines the practice of dental hygiene and provides for the regulation of the profession. It includes provisions to:
  - establish the College of Dental Hygienists of Manitoba
  - establish a governing council with public representatives
  - require the registration of dental hygienists
  - create processes for handling complaints and discipline

The Protection for Persons in Care Amendment Act (in force June 12, 2008)

- This Act amends *The Protection for Persons in Care Act* to further protect the identity of a person who reports abuse as required under the Act or who provides information in respect of a reported abuse. It ensures that investigators and others engaged in the administration of the Act cannot be required to disclose information that could reveal such a person's identity.
- The Act also clarifies the minister's authority to designate employees as investigators and to appoint other investigators from time to time.

The Optometry Amendment Act (in force upon proclamation)

- This Act will amend *The Optometry Act* to authorize qualified optometrists to:
  - prescribe and administer therapeutic drugs
  - perform minor procedures such as removing foreign bodies from the eye
  - order and receive screening and diagnostic tests

The Testing of Bodily Fluids and Disclosure Act (in force upon proclamation)

- This Act will enable a person who has come into contact with a bodily fluid of another person to get a court order requiring the other person to provide a sample of the fluid. The sample will be tested to determine if that person is infected with certain communicable diseases.

The Personal Health Information Amendment Act (in force upon proclamation)

- This Act will amend *The Personal Health Information Act* to:
  - Set out criteria for a valid consent from a person for the use or disclosure of his or her personal health information, and permit consent to be either express or implied.
  - Require a hospital to respond within 24 hours to a request from an in-patient or his or her relative for information about the care that the in-patient is currently receiving.
  - Require that a trustee respond within 72 hours to a request from a patient who is not an in-patient in a hospital for information about the care that he or she is currently receiving.
  - Create a new category of personal health information – referred to as "demographic information" – which does not reveal a person's health status. The amendments will allow such information to be disclosed without consent if the police need the information to help find a missing person, if a health care provider needs to confirm someone's eligibility for health care coverage, and in other specified circumstances.
  - Broaden the ability to disclose personal health information, without consent, in the following circumstances:
    - Hospitals and personal care homes will be able to disclose limited information to clergy who wish to provide spiritual care to patients and residents of those facilities, unless the patient or resident objects.
    - To assist with fundraising, hospitals and personal care homes will be able to disclose limited information to charitable foundations with which they are associated, unless the patient or resident objects.
    - Trustees of information will be able to disclose on a limited basis to health research organizations for the purpose of ongoing population health and health system analysis.
    - Trustees of information will be able to disclose to another trustee who requires it to monitor and evaluate the quality of that other trustee's services.

- Expand the list of persons who can exercise the rights of another person under the Act to include family members and trusted friends. This will ensure that there is always someone capable of consenting to the use and disclosure of personal health information and someone who can request access health records on another's behalf.
- Provide the new Information and Privacy Adjudicator to be appointed under *The Freedom of Information and Protection of Privacy Act* with the authority, at the request of the Ombudsman, to issue an order against any trustee who has not acted on the Ombudsman's recommendations.

The Salvation Army Grace General Hospital Incorporation Amendment Act (in force April 1, 2008)

- *The Salvation Army Grace General Hospital Incorporation Act* authorized The Salvation Army to operate the facilities commonly known as the Grace Hospital and the Golden West Centennial Lodge personal care home. On April 1, 2008, the Grace Hospital was transferred to the Winnipeg Regional Health Authority, which will continue to operate the facility as a hospital. To reflect that change, this Act amended *The Salvation Army Grace General Hospital Incorporation Act* to:
  - change the title to *The Salvation Army Golden West Centennial Lodge Incorporation Act*; and
  - remove all references to the hospital.

REGULATIONS:

THE HEALTH SERVICES INSURANCE ACT

Amendments were made to:

- The Personal Care Services Insurance and Administration Regulation to adjust the amount of residential/authorized charges for personal care home residents to account for cost of living increases for residents and their spouses who are living in the community. The financial threshold for the waiver of payment of all or part of the authorized charge payable by a personal care home resident who has a spouse living in the community was also increased.
- The Hospital Services Insurance and Administration Regulation to adjust the amount of residential/authorized charges for individuals paneled for personal care home placement and chronic care patients to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a paneled or chronic care patient, who has a spouse living in the community. The amendment also corrected the title of the Manitoba Health Appeal Board.
- The Excluded Services Regulation was amended to ensure that it is quite clear that services related to the administration of chemotherapeutic agents in the treatment of cancer are not insured unless the use of the drug is approved for use by the Chief Executive Officer of CancerCare Manitoba.
- The Manitoba Health Appeal Board Regulation was amended for the purpose of allowing a person who has been denied home care services by a regional health authority to appeal that decision to the Manitoba Health Appeal Board.
- The Diagnostic Laboratories Regulation was amended to establish a program review committee that will provide reports to the Minister of Health.
- The Personal Care Homes Standards Regulation was amended to allow a licensed practical nurse to order a physical restraint if positive methods of preventing harm have been explored and determined to be ineffective.

THE MEDICAL ACT

- The Registration of Medical Practitioners Regulation was amended to allow conditional registration of medical practitioners eligible for certification by the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada whether the certification is obtained through and examination or other assessment process..
- The Clinical Assistants Regulation was amended to allow council to make regulations with the approval of the Lieutenant Governor in Council.

THE MENTAL HEALTH ACT

- Amended the Charges Payable by Long Term Care Patients Regulation in psychiatric facilities. Charges for these patients are to be calculated in accordance with the Personal Care Services Insurance and Administration Regulation. The amendment also corrected the title of the Manitoba Health Appeal Board.

THE PHARMACEUTICAL ACT

- Repealed and replaced the Manitoba Drug Interchangeability Formulary Regulation as required to update the Formulary.

THE PRESCRIPTION DRUGS COSTS ASSISTANCE ACT

- Amended the Specified Drugs Regulation to update the Schedule.
- Amended the Prescription Drugs Payment of Benefits Regulation to increase the Pharmacare deductible rates.

THE DENTAL HYGIENISTS ACT

- Developed the Dental Hygienists Regulation to set out required registers, registration requirements, application process, renewal requirements and parameters regarding scope of practice.

THE CHIROPRACTIC ACT

- Amended the definition of professional misconduct to include violation of advertising restrictions in the General Regulation made under the Act.

THE REGISTERED NURSES ACT

- Amended the Extended Practice Regulation to protect the title Nurse Practitioner and expand the list of diagnostic tests extended practice nurses may order.

Appendix III – Performance Reporting

The following section provides information on key performance measures for the department for the 2008-09 reporting year. All Government of Manitoba departments include performance measures in their Annual Reports to complement the financial results and provide Manitobans with meaningful and useful information about government activities and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit www.manitoba.ca/performance

Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

Objectives supported by this measure	(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2008/09 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Improved Access to Service	Manitobans' access to cardiac surgery through the measurement of Median wait times for cardiac bypass surgery by level of urgency.	Timely access to surgical services is important.	As of April 2005, the Median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 7 days Level 2 (Semi-urgent): 15 days Level 3 (Elective): 56 days	As of April 2009, the Median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 4 days Level 2 (Semi Urgent): 9 days Level 3 (Elective): 13 days *Source:* WRHA	The median wait time continues to be well within the National Benchmarks for all levels of urgency of cardiac bypass surgery.	Wait times are calculated based on patients who received surgery during the reporting period. The National Benchmarks for bypass surgery are as follows: 0-14 days for Level 1 (Emergent and Urgent); 15-42 days for Level 2 (Semi-urgent); and 43-180 days for Level 3 (Elective).
Improved Access to Service	Manitobans' access to radiation therapy for cancer through the measurement of Median wait times for patients to commence radiation therapy treatment.	Timely access to treatment services is important.	The Median wait time in April 2002 was 2.1 weeks for all cancer types.	As of April 2009, the Median wait time for all cancer types was 1 week. *Source:* CancerCare Manitoba	The median wait time continues to be well within the National Benchmarks for radiation therapy.	The National Benchmark for radiation therapy is 4 weeks.
Healthy Living	Physical activity levels of Manitobans as measured by the percent of those surveyed who reported being active, moderately active or inactive.	Physical activity is a significant factor contributing to personal health.	Reported rates for 1994 were as follows: - Active: 19% - Moderately active: 24% - Inactive: 51%	The most recent available data are from 2008: - Active: 27% - Moderately active: 25% - Inactive: 45% *Source:* The Canadian Community Health Survey.	There is a trend toward greater physical activity.	Data on physical activity are self-reported by Manitoba respondents to Statistics Canada surveys.

APPENDIX IV

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Manitoba Health and Healthy Living for fiscal year 2008–2009:

Information Required Annually (per Section 18 of The Act)	**Fiscal Year 2008 – 2009**
The number of disclosures received, and the number acted on and not acted on. *Subsection 18(2)(a)*	**0** disclosures were received.
The number of investigations commenced as a result of a disclosure. *Subsection 18(2)(b)*	**NIL**
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	**NIL**

APPENDIX V

SUSTAINABLE DEVELOPMENT

The Sustainable Development Act (The Act) was proclaimed in July 1998. The overall goal of sustainable development is meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Principles and guidelines of sustainable development have been established to guide all departments in the Province of Manitoba in their efforts to attain that goal. For an activity to be sustainable it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

In pursuit of the above, and to report on Manitoba Health and Healthy Living's (MHHL) efforts toward sustainable development, as defined under The Act, this Annual Report provides examples of the ongoing progress and accomplishments of MHHL in incorporating the Principles and Guidelines of Sustainable Development. The chosen examples are not inclusive and more detail related to sustainable development activities within MHHL can be further examined under each appropriation of the Annual Report.

PRINCIPLES AND GUIDELINES (SECTIONS 1–13)

1. INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS

MHHL is dedicated to taking actions that foster the principles of integrating environmental and economics into the decision making process, more specifically in the areas of human health and social consequences.

HIGHLIGHTS:

Insured Benefits: Provides funding of health core services that is continually changing to increase efficiencies, effectiveness and appropriate health care delivery to Manitobans in an economical and sustainable manner. Examples of core health services include funding of hospital services, air ambulance transfer, out of province transport services, and links to special programs covering eyeglasses, breast prostheses, hearing aids, orthopaedic shoes, contact lenses, telecommunications equipment for the profoundly deaf or speech impaired, and transportation subsidies.
Regional Support Services: Continues to monitor and measure the benefits of services to the public and reports on these activities to the Ministers to facilitate decision making and ensure that long term strategies and actions are effective. This unit provides direction in northern, rural and urban areas of the province as well as reporting on specific areas of service such as patient safety, cardiac services, cancer care, palliative care, home care and dialysis.
Mental Health and Addictions: Develops strategies and policies for the mental health and addictions systems and examines emerging issues and practices to improve services to optimize the health of those with a mental disorder or addiction. The branch collaborates and/or oversees provincial mental heath activities such as: Mental Health Renewal in Manitoba, the Mental Health Education Resource Centre of Manitoba, the Farm and Rural Stress Line, mental health and addictions services, programs that provide health promotion and awareness activities, and the role of MHHL and the regional health authorities (RHAs) in the system.
Healthy Living and Healthy Populations: Provides strategic direction aimed at improving the health outcomes for priority populations that are more susceptible to changes in health and social conditions such as women, children, families, persons with disabilities, and seniors.
Northern Nursing Stations: Oversees cost effective and quality heath care to various northern communities through the management of community nursing stations.
Primary Health Care: Supports executive management in planning and providing guidance to RHAs in implementing cost effective primary health care initiatives to improve the health of Manitobans and access to services.
Addictions Foundation of Manitoba: Contributes to the health and well-being of individuals by addressing the harm associated with addictions through education, prevention and rehabilitation.

Selkirk Mental Health Centre: Delivers compassionate, respectful and cost effective inpatient treatment and rehabilitation services to all residents of Manitoba whose mental health needs cannot be met elsewhere in the health system.

2. STEWARDSHIP

MHHL is dedicated to implementing policies that facilitate decisions to ensure human health and well-being are managed for the equal benefit of present and future generations. Stewardship is enacted by the Minister of Health and the Minister of Healthy Living who administer over 46 acts. Each act delegates their authority through regulations, policy development and indirectly managerial direction to ensure that stewardship of our health system is upheld within standards outlined in *The Canada Health Act* as well as provincial standards to ensure that the health of Manitobans is optimized. Samples of these acts are listed below. For more detail and information on all the acts that facilitate stewardship please see Appendix I: Summary of Statutes Responsibility.

HIGHLIGHTS:

The Regional Health Authorities Act: Governs the administration and operation of regional health authorities.
The Personal Health Information Act: Protects personal health information in the health system in Manitoba.
The Public Health Act: Provides the power and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.
The Health Services Insurance Act: Governs the administration of the Manitoba Health Services Insurance Plan as it relates to the cost of hospital services, medical services, personal care services and other health services.
The Prescription Drugs Costs Assistance Act: Governs the operation and administration of the provincial drug benefit program.
The Drinking Water Safety Act: Establishes the Office of Drinking Waters and sets out legislative direction to protect our drinking water.
The Non-Smokers Health Protection Act: Strengthens the prohibition against providing tobacco to children and increases the penalties for this and other offences as well as placing limits on the advertising, promotion and display of tobacco.

3. SHARED RESPONSIBILITY AND UNDERSTANDING

MHHL continually collaborates with RHAs, inter-sectoral organizations, the Federal Government and stakeholders to better understand the views of others. This in turn facilitates equitable management of our health system. To facilitate shared responsibility and understanding, MHHL directs its resources through specific units/branches that accommodate these activities in the health system.

HIGHLIGHTS:

Aboriginal Health: Supports and promotes the cultural diversity among the First Nations, Métis and Inuit populations in Manitoba. Aboriginal Health works collaboratively with the Federal Government, provincial departments, other branches within MHHL, RHAs, and Aboriginal political territorial organizations and communities. This branch is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community.
Healthy Living and Healthy Populations: Provides provincial leadership to improve the health outcomes for priority populations. The branch participates in provincial and inter-governmental initiatives and collaborates with others to further Manitoba's Healthy Living strategy.
Federal/Provincial/Territorial Unit: Represents Manitoba on the Federal/Provincial/Territorial Advisory Committee on population health and security to represent Manitoba's views and participate in inter-sectoral issues.
Regional Affairs: Participates on RHA committees and maintains communication with all RHAs to ensure that MHHL has an ongoing understanding of the issues and concerns throughout Manitoba.

Accountability Support Branch: Coordinates the Community Health Assessment process with RHAs to ensure that health planning is community or regionally focused and complies with MHHL requirements.

4. PREVENTION

Prevention is at the forefront of MHHL. The department has a vested interest in ensuring that Manitobans are healthy and that controls and measures are in place to prevent health related threats from impacting the general population. Ultimately, legislation is drafted, created or refined to ensure that prevention measures are in place and make the most positive impact to optimize the health and social well-being of Manitobans.

HIGHLIGHTS:

The Office of the Chief Medical Officer of Health: Ensures that preparedness plans for public health emergencies are in place and response plans, such as for West Nile virus, pandemic influenza and avian influenza, are reviewed and updated. This office provides news releases to the public in regards to public health warnings and prevention measures to be taken to lessen the risk of these threats.

Cadham Provincial Laboratory: Provides increased detection of various diseases that assist decision making in the decrease of the transmission of disease in Manitoba. This includes enhanced surveillance of infectious diseases to aid in outbreak identification and prevention. Also, state-of-the-art diagnostic testing for bacteria that are antibiotic resistant, toxin producing or cause food poisoning is done to improve infection control in hospitals, personal care homes and the community.

Public Health Branch: Provides health surveillance, analysis of public health threats, and outbreak surveillance and epidemiological expertise related to norovirus, influenza and mumps. This includes the provision of provincial surveillance data for the National Diabetes Surveillance System to support evidence-based diabetes management. The branch integrates education into the continuum of diabetes prevention, care, research and support. The Public Health Branch also manages the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders.

Healthy Living and Healthy Populations: Examines the big picture of prevention by promoting healthy living to ensure that provincial direction of this activity is occurring to optimize healthy living outcomes of Manitobans. Key components of healthy living are active living, chronic disease prevention, healthy eating, healthy sexuality, injury prevention and safety, mental health promotion and substance abuse reduction, and tobacco reduction.

The Office of Disaster Management: Continues to work with RHAs in implementing their disaster management programs. Incident Management Systems are in place to respond to a variety of emergencies and disasters throughout the province. The Emergency Response Management System has been developed to respond to large scale health sector emergencies such as pandemic influenza.

Corporate Services: Manages and maintains the provincial policy framework. Examples of provincial policy direction related to prevention include integrated risk management, quality audits, internal disclosure of staff concerns, reporting of critical clinical occurrences, RHAs guides to health services, and reporting significant changes to the Office of the Chief Medical Examiner.

5. CONSERVATION AND ENHANCEMENT

MHHL is dedicated to making decisions that foster protection and enhancement of the ecosystem and the process that supports all life, and actions and decisions which foster conservation and enhancement of resources.

HIGHLIGHTS:

Capital Planning: Continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. This includes continued improvements such as Manitoba Hydro Power Smart Design Standards for new construction and renovation projects.

6. REHABILITATION AND RECLAMATION

MHHL is committed to rehabilitation and reclamation of areas and resources that have been damaged as they represent themselves.

HIGHLIGHTS:

Capital Planning: Oversees infrastructure projects that support investment in state-of-the-art medical equipment, the development of new projects and rehabilitation of aging community facilities.

7. GLOBAL RESPONSIBILITY

MHHL continues to take actions that foster a global approach to decision making with the goal of identifying and preventing possible adverse effects that may occur by the decision, action or program.

HIGHLIGHTS:

Federal/Provincial and Territorial Policy Support: Conducts negotiations on cooperative initiatives with Pan-Canadian institutions and policy approaches, as well as advises leadership in the planning processes for the development of strategic priorities and directions for the health system.
Office of the Chief Medical Officer of Health: Participates in the development and implementation of policies on environmental issues related to drinking and recreational water and air quality. For example this office assesses health risk and provides information on various health concerns such as asbestos in vermiculite insulation.

8. EFFICIENT USE OF RESOURCES

The Manitoba Health system accounts for approximately 42% of the provincial budget and as public expectations on health care services keep rising, costs continue to go up and the sustainability of our publicly funded system is strained. MHHL strives for the efficient use of resources and maximizing the use of public funds. This includes all aspects of sustainability to encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources, and employ full-cost accounting to provide better information for decision-makers.

HIGHLIGHTS:

Health Labour Relations: Operates an efficient and effective information network to support decision making; coordinates ongoing meetings with the Winnipeg RHA and Manitoba Health Finance; and provides site orientation visits with participating health authorities.
Provincial Drug Programs: Continues to look at efficiencies of the Drug Review Process to reduce costs and/or provide timely access to new medications. This includes specific recommendations from the Drug Management Policy Unit.
Funding to Health Authorities: Directs expenditures in an efficient and expedient manner. These funds are allocated to provincial wide appropriations (as per this annual report) and to health authorities in accordance with targets established through the estimates process, health plan process and Ministerial direction.
Provincial Health Services: Throughout MHHL various units are tasked, in some cases with third parties, to provide services to the public such as out of province hospital services, blood transfusion services, Federal hospitals, prosthetic and orthotic devices, healthy communities development, and the Nurses Recruitment and Retention Initiative.
Emergency Medical Services: Provides provincial leadership in the surveillance of the air and land ambulance transport system to ensure that patient care standards are in place, safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program occurs, and evaluations of licensed Emergency Medical Services including vehicle, equipment and processes are conducted.

9. PUBLIC PARTICIPATION

MHHL strives to support and take actions that establish or change departmental legislation, procedures or processes that foster public participation in decision making, planning and program delivery. This ensures that processes are fair, appropriate appeal mechanisms are in place and that processes and procedures foster consensus decision making approaches.

HIGHLIGHTS:

Legislative Unit: Communicates and reviews feedback from stakeholders, including consultations with the public, in regards to many of the proposed amendments to statues under the responsibility of the Ministers of Health and Healthy Living. Recent examples are the *Personal Health Information Act* Review Steering Committee and *The Protection for Persons in Care Amendment Act.*
Mental Health Review Board: Hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.
Manitoba Health Appeal Board: Receives appeals related to *The Health Services Insurance Act*, *The Ambulance Services Act*, *The Mental Health Act* and the Hepatitis C Assistance Program. It also serves in an advisory role to the Minister by maintaining links between the Minister, the health care community and the community at large.
The Appeal Panel for Home Care: Hears appeals from Manitobans who have requested or are in receipt of Home Care Services respecting eligibility or level of service required. The Appeal Panel also serves in an advisory role to the Minster of Health.
The Protection for Persons in Care Office (PPCO): Serves as a resource for those working in health facilities as well as anyone in the general public who have a duty to report suspected abuse or the likelihood of abuse to the PPCO.
Aboriginal Health Unit: Ensures that dialogue continues between the public and Aboriginal organizations, First Nations organizations, the Province of Manitoba and the First Nations Inuit Health Branch – Health Canada, to ensure that decisions are made that benefit northern communities in Manitoba and those people of Aboriginal descent.
Accountability Support Branch: Continues provision of public participation in the health regions as part of the Community Health Assessment process. Community consultations, focus groups, region specific surveys and key informant interviews are regularly held by the regions and health organizations.
French Language Services: Provides availability and accessibility to service and material in French for the French-speaking population of Manitoba.
Primary Health Care Branch: Is a resource centre for MHHL on how best to inform and serve Manitobans about new initiatives, and investment targeted to improve primary health care such as what services are available, how to access them and how to have input.
Public Health Branch: Provides communication and feedback support to the public in a variety of forums about Manitoba Health policy and priority initiatives.

10. ACCESS TO INFORMATION

MHHL strives to take actions to improve and update data and information bases and the establishment or changes made to procedure, policy or legislation which makes the departmental and provincial information more accessible by the public.

HIGHLIGHTS:

Legislative Unit: Continues to provide information and formal presentations on *The Personal Health Information Act* to trustees of health information throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public to assist them in understanding their rights and appeal processes.
Administration, Finance and Accountability: Prepares financial reports and documents such as Estimates, Supplementary Information for Legislative Review, Quarterly Financial reports, and the Annual Report in accordance with Legislative, Treasury Board and Senior Management requirements.
Information Systems: Continues development and maintenance of databases to support internal and third party information requirements, as well as development of an eHealth infrastructure.

Health Information Management: Provides data sources for MHHL, Ministers, RHAs and the public, which is accessible internally or on the department's website. This includes managing MHHL's relationship with the Manitoba Centre for Health Policy and the Canadian Institute for Health Information and includes related data provisions to those organizations.
Public Health Branch: Continues to provide regular and routine reports to the public on influenza surveillance data, monthly communicable disease surveillance data, and annual HIV/AIDS statistical updates to the Public Health Agency of Canada and to the health authorities.

11. INTEGRATED DECISION-MAKING AND PLANNING

MHHL takes necessary measures to establish and amend decision making and planning processes to make them more efficient, timely and address and account for inter-generational effects.

HIGHLIGHTS:

Information Systems: Works with Manitoba eHealth to define strategic health information and communication technology objectives and initiatives. MHHL, through Manitoba eHealth, is involved in Canada Health Infoway's Pan-Canadian Electronic Health Record Standards Collaboration process.
Mental Health and Addictions: Continues participation in the Co-occurring Disorders Initiative in collaboration with the Addictions Foundation of Manitoba and the RHAs. Also, the branch is collaborating with stakeholders on a provincial mental health strategic planning process that will guide mental health system planning.

12. WASTE MINIMIZATION AND SUBSTITUTION

MHHL is committed to taking actions that promote the use of substitutes for scarce resources and reduce, reuse, recycle or recover.

HIGHLIGHTS:

- On going Blue Bin recycling program at 300 Carlton Street, 1680 Ellice Avenue and 750 William Avenue sites. Bins have been installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers.
- Staff are continually encouraged to save waste papers for recycling. Paper recycling boxes are provided in all offices and recycled on a regular basis.
- Continued focus on purchasing products manufactured with recycled materials.
- Duplex capabilities have been added to various network printers to provide double-sided print capabilities to reduce paper consumption.
- Continue to develop electronic system to minimize paper copies.

13. RESEARCH AND INNOVATION

MHHL is active in establishing programs and actions which encourage and assist in the research, development, application and sharing of knowledge and technoiogies which further sustainability.

HIGHLIGHTS:

Health Information Management: Implemented data sharing and researcher agreements with key organizations involved in health research and have undertaken partnership activities related to health services research and research training.
Accountability Support Branch: Has taken the lead in exploring organization-wide risk management to examine the department's exposure to risk and to provide direction to implement efficiencies within the department to mitigate and treat identified risks.
Manitoba Centre for Health Policy: Continues to provide funding for policy evaluation and research initiatives.
Public Health Branch: Continues participation in research initiatives with other organizations, provinces and the Federal government to enhance leading-edge knowledge development related to the prevention, education, control and management of a range of communicable diseases.

Office of the Chief Medical Officer of Health: Continues educational sessions in a variety of settings related to life threatening infections and diseases.
Aboriginal Health: Works in collaboration with Aboriginal people who have an interest in entering the healthcare workforce.

PROCUREMENT GOALS (SECTIONS 14-18)

14. EDUCATION, TRAINING AND AWARENESS

To meet the intent of this goal MHHL enacts changes to develop a culture that supports sustainable procurement practices within the department.

HIGHLIGHTS:

- All areas are encouraged to include sustainable development topics in their monthly/quarterly divisional meetings.
- An internal website for sustainable development communication within the department has been developed and is continuously updated.
- Government-wide directives on sustainable development initiatives such as recycling papers and toner cartridges are continually enforced.
- Staff are involved in the procurement of stationary products and are continually encouraged to select "Green" products whenever possible.

15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION

To meet the intent of this goal, MHHL has established actions to protect the health and environment of Manitobans from possible adverse effects of their operations and activities as well as providing a safe and healthy working environment for staff.

HIGHLIGHTS:

- Smoking by staff in government buildings and vehicles is prohibited.
- Air Quality in work places is continuously monitored.

16. REDUCTION OF FOSSIL FUEL EMISSIONS

To meet the intent of this goal, MHHL needs to reduce fossil fuel emission of their operations and activities.

HIGHLIGHTS:

- Promotes staff participation in the Commuter Challenge initiative aimed at encouraging staff to contribute to the efforts against climate change. Staff were encouraged to help reduce gas emissions through cycling, walking, rollerblading, taking the bus, or car pooling.

17. RESOURCE CONSERVATION

To meet the intent of this goal, MHHL needs to reduce consumption of resources in a sustainable and environmentally friendly manner.

HIGHLIGHTS:

Capital Planning: Incorporates Manitoba Hydro Power Smart Design Standards for new construction and renovation projects; implements the Green Building Policy for Government of Manitoba funded projects requiring all new capital projects to be built to a minimum LEED® (Leadership in Energy and Environmental Design) Silver rating or as close to a LEED® certified standard wherever practical.

Objectives supported by this measure	(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2008/09 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Healthy Living	Tobacco use rates as measured by the percent of Manitobans 12+ years who reported being current smokers (daily or occasional), former smokers, or non-never smoked.	Tobacco use is a major cause of death and preventable illness including heart disease and cancer.	Reported rates for 1994 were as follows: - Current smoker: 29% - Former smoker: 29% - Never smoked: 42%	The most recent available data are from 2008: - Current smoker: 24% - Former smoker: 38% - Never smoked: 39% *Source:* The Canadian Community Health Survey.	There is a trend toward reduced smoking.	Data on smoking are self-reported by Manitoba respondents to Statistics Canada surveys.
Health Status / Population Health	Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI).	Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death.	The AMI mortality rate from approximately 140 deaths per 100,000 in 1979	In 2007, the age-standardized mortality rate for hearth attack (AMI) in Manitoba was 33 deaths per 100,000 population *Source:* Statistics Canada, Vital Statistics *Rates were calculated using the Manitoba Vital Statistics file.	The AMI mortality rate has declined dramatically in Manitoba and Canada from approximately 140 deaths per 100,000 in 1979 to 33 per 100,000 in 2007.	Rates have declined largely due to improved drugs and medical care for heart attack patients, reduced smoking rates and improved control of hypertension.

18. COMMUNITY ECONOMIC DEVELOPMENT

To meet the intent of this goal, MHHL would need to ensure that procurement practices foster and sustain community economic development.

HIGHLIGHTS:

- Whenever possibly, Aboriginal vendors are invited to list in the Aboriginal Business Registry to submit a response to services being tendered.
- MHHL's Aboriginal Health Unit supports the Aboriginal Human Resource Strategy implemented by the RHAs.
- MHHL participates in the Manitoba Strategy to improve Aboriginal well-being with the Department of Indian and Northern Affairs that includes a Manitoba Approach to community development.